L23000093831

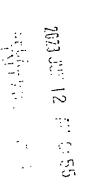
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	-
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Jun. 1 C	





000404413470

03/13/23--01022--023 **35.00



COVER LETTER

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Min 17 C	(ed) + 3 L	<u> </u>			
2. (a) 3258 Harrington Drive	(b)	3258	Har	ringta	L DAVE
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address o (Note: MAY B	f limited liab	sility compan	ıy:
Boca Raton, FL 33496		BOLG R	aton,	FL 3	3496
			<u>.</u>		
02/21/2023	<u> </u>	000093831			
3. Date of filing/registration in Florida	4.	Document nu	mber		
5. (a) ARS Sandro VIVATENO P.A. Registered Agent and Registered Office shown on the records of t	he Florida Dept. of !	State:			
NIMOO NW SO!" Ave					
Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)		(2 (1 C	707	
				7023 J.T.	-
Micimi lakes	33014		• • • •	27	
(b) Michael 5. Foelster, Esq.			•	7.3	
Enter name of NEW Registered Agent and/or NEW Registered	Office address:			13 13	•
			·	្ញី បា	
080 North Federal Highway					
NEW Registered Office Address:					
Suite 110 PMB 1060					
Boca Balon	.33432				
If the limited liability company is not organized under the lay change or changes are made, the Florida street address of the agent will be identical. Or, in the case of a Florida limited lia was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the	ability company. of the limited lial limited liability	it is hereby confi bility company or company.	irmed that as otherw	the change rise provide	e(s) ed in
Signature of a member or authorized representative of a member	0 10/0	Adans 45 Printed or type	d name of si	gnee /	nevage
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete the obligations of my position as registered agent as provide to merely reflect a change in the registered office address. I notified in writing of this change					
Signature of Registered Agent					