## L3300100599

(Re	questor's Name)						
(Ad	dress)						
(Ad	dress)						
(City/State/Zip/Phone #)							
PICK-UP	WAIT MAIL						
(Bu	isiness Entity Name)						
(Document Number)							
Certified Copies	Certificates of Status						
Special Instructions to	Filing Officer:						
	J. HORNE JUN 2 0 2023						

Office Use Only



700405522037

03/30/23--01007--015 \*\*25.00



## **COVER LETTER**

то:	Registration Section Division of Corporations				
SUBJE	Florida Pole Setters LLC				
		Name of Limited L	iability Company		
Dear Si	r or Madam:				
The end	closed Registered Agent/Registered	Office Change and	I fee(s) are submitted for filing.		
Please r	return all correspondence concernin	g this matter to the	following:		
William	Bell				
	Name of Person		<del></del>		
New Bu	isiness Filing				
	Firm/Company		<del></del>		
8170 W	ashington Village Drive				
	Address				
Dayton	ОН 45458				
	City/State and Zip Co	de			
orders@	newbusinessfiling.org				
E	-mail address: (to be used for future	annual report noti	fication)		
For fur	ther information concerning this ma	atter, please call:			
William	n Bell	888 at (	701 6450		
	Name of Person		Area Code & Daytime Telephone Number		
	Mailing Address:		Street Address:		
	Registration Section	Registration Section			
	Division of Corporations		Division of Corporations		
	P.O. Box 6327		The Centre of Tallahassee		
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	Enclosed is a check for the follow	wing amount:			
	■ \$25 Filing Fee	S55 Filing Fee & Certified Copy			

## 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. <b>N</b> :	ame of the limited liability company: Florida Pole Sette	rs LLC	<del></del> -				
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  4157 SW Moore Street	(b)					
	Palm City Florida 34990		Palm City	Florida 34990			
	02/24/2023		L230001005	599			
3.	Date of filing/registration in Florida	4.		Document num	ber		
(b)	Registered Office Address (MUST BE FLORIDA STREET)  2422 SW Omega Way  Stuart , FL  Enter name of NEW Registered Agent and/or NEW Registered	34997		-	SECRETARY OF TALLAHASSES :	2023 KAR 30 PH 1	: : :
	Enter name of NEW Registered Agent and/or NEW Registered Kenneth Wieser	Office a	<u>ddress</u> :				Œ)
	NEW Registered Office Address:			<del>-</del>			
	4157 SW Moore Street			_			
	Palm City , FL	34990		_			
chang agent was/w the art Sign:  I here provis the one to met notifie	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the authorized representative of a member of a member of a member of a member of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I will always the control of this change.	register ability c of the lir limited Ke	red office and ompany, it is nited liability liability com nneth Wieser	d the business of shereby confirm y company or as apany.  Printed or typed n	ffice of the ned that the cotherwise ame of signe	e regi e cha e prov	stered nge(s) vided in