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COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: Square Feet Business, LLC Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Yuriy Storozhenko Name of Person Square Feet Business, LLC Firm/Company 663 S Rancho Santa Fe Rd, #211 Address San Marcos, CA 92078 City/State and Zip Code squarefeetbis@pm.me E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Yuriy Storozhenko Area Code & Daytime Telephone/Numb Name of Person MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: S55 Filing Fee & Certified Copy \$25 Filing Fee

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.

I. Na	me of the limited liability company: Square I	=eet	Busir	iess, LLC
2. (a)	7901 4th St N	(b)	663 S	Rancho Santa Fe Rd, #211
_	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- ,	,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	STE 300			(And the following the follow
	St. Petersburg, FL 33702		San Ma	arcos, CA 92078
	03/06/2023		L230(00117471
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	CINDY'S FLORIDA LLC			
5. (a)	Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of State	:
	8051 N. TAMIAMI TRAIL			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	SUITE E6		_ _	
	SARASOTA	34243	3	
(b)	Registered Agents Inc Enter name of NEW Registered Agent and/or NEW Registered	Office add	**************************************	
	Enter name of NEW Registered Agent and/of NEW Registered	Ornce aud	<u>ress</u> .	
	7901 4th St N			
	NEW Registered Office Address:	_		
	STE 300			
		~~~		
	St. Petersburg	<u>3370</u>	)2	SE 200
the char agent w was/we the artic	mited liability company is not organized under the lawinge or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited liare authorized by an affirmative vote of the members of cles of organization or the operating agreement of the large of a member or authorized representative of a member.	the regis bility co f the limi limited li	tered office impany, it is ted liability ability com	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
provision the oblition to mere	y accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address. I he I in writing of this change.	performa I for in C	mce of my o Thapter 605	luties, and I am familiar with and accept , F.S. Or, if this document is being filed

Signature of Registered Agent

David Roberts - Assistant Secretary