L23000121529

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2023 APR -4 AM II JO SECRETATION SECENTE

COVER LETTER

TO: Registration Section Division of Corporations			
Susan Todaro Insurance Cer SUBJECT:	nter		
300m0011	Name of Limited	Liability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registe	ered Office Change an	d fee(s) are submitted for filing.	
Please return all correspondence conce	erning this matter to the	e following:	
Susan Todaro			
Name of Perso	on	 ;	
Susan Todaro Insurance center			
Firm/Compan	у	<u> </u>	2
4400 bayou blvd ste 18a		TAL TAL	2023 APR -4
Address	-		70
Pensacola Florida 32503			
City/State and Zip	Code	iii j	AH II: 56
stodaro@aol.com		T 当	56
E-mail address: (to be used for fu	iture annual report not	fication)	
For further information concerning this	s matter, please call:		
Susan Todaro	850	380-6160	
Name of Person		Area Code & Daytime Telephone Number	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a check for the fo	ollowing amount:		
💆 \$25 Filing Fee		\$55 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.

2. (a)		(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing addres	s of limited liability company: Y BE POST OFFICE BOX)
	4400 bayou blvd st 18a			
	Pensacola florida 32503		4400 Bryon Blo Pensuedá FA	22 (02
			77711004476	
		L.	23000121529	
3.	Date of filing/registration in Florida	4.	Document	number
5. (a)	03/08/2023			
- ()	Registered Agent and Registered Office shown on the records of	the Florida D	lept, of State:	
	United States Corporation Agent			
	Registered Office Address (MUST BE FLORIDA STREET			s 2
	476 Ruerside Ave			023 , EC, TA
	176 Ruerside Ave JacksonvilleFi	y221	02	2023 APR SECKLL TALLA
(b)				S:::S <u>≥=</u>
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office addr	ess:	AHTI: 50
	SUSAN TODAN			: 56 : 71;
	NEW Registered Office Address:			111
	4400 Bayou Blud Ste 18 A			
	4400 Bayou Blud Ste 18 A Pensacola	325	03	
change agent v was/wo	imited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	registered ability com of the limite	office and the busine pany, it is hereby cored liability company oblits company.	ss office of the registered in tirmed that the change(s)
Signa	ture of a member or authorized representative of a member		Printed or ty	ped name of signee
I herei	by accept the appointment as registered agent and agi ons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect achange in the registered office address. I	ree to act in performan	this capacity. I furtice of my duties, and i	her agree to comply with the am familiar with and accept

Division of Corporations ● P.O. Box 6327 ● Tallahassee, FL 32314 FILING FEE: \$25.00