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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Tott Honey Pots Name of Limited Liab		
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:		
Tashari Edwaras Name of Person		
Tott Honey pots UCC Firm/Company	_	
2376 Jamaila St. Address	_	
Punta Gorda Fl 33980 City/State and Zip Code		
Tottshante a gmail. Com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Taskari Edwards at 941 Name of Person	391 - 1962 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 following amount:		
325 Filing Fee □ \$55	5 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. Name of the limited liability company: Tott Honeypots LLC
2. (a)(b)
Principal office address of limited liability company: Mailing address of limited liability company:
$\Omega \simeq 0$
2016 Jamaica St 2016 Jamaica St
Punta Gorda, Fl 33986 Punta Gorda, Fl 33986
03/08/2023 623 628
3. Date of filing/registration in Florida 4. Document number
5. (a) United States Corporation Agents Inc.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Cheyenne Moseley
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
476 Riverside Are
Jacksonville FL32202
Todor Edi ronds
(b)
NEW Registered Office Address:
, FL
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered
agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in
the articles of organization or the operating agreement of the limited liability company.
1 Edwardo 1 issnali tohiarda
Signature of a member or authorized representative of a member Printed or typed name of signee
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

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

Signature of Registered Agent