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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Royalty No.	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	g this matter to the following:
Name of Person	
Firm/Company	
(50) Arlington Expres	Sway B105 #2100
OCKSONVILLE FL 32211 City/State and Zip Cod	de .
E-mail address! (to be used for future a	e+ annual report notification)
For further information concerning this mat	ter, please call:
Name of Person	at (904) 345-0588 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	ing amount:
S25 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.

	Regalle	NI.	المارا	110	
	ame of the limited liability company:	170	10501	Arlington	France RINE
2. (a)	Principal office address of limited liability company: # 210 (Note: MUST BE STREET ADDRESS)	O (p)		lailing address of limite	ed liability company # 21
	Jacksonville Fl 322/1		<u> DCK</u> S	pulle, FL	32211
3.	3 09 2023 Date of filing/registration in Florida	_ 4.	<u>L2300</u>	0124033 Document number	
	1 11 . 0	т.	,	500 ament hamber	
5. (a)	Registered Agent and Registered Office shown on the records of the	Florida L	Dept. of State:		
	Registered Office Address (MUST BE FLORIDA STREET ADI		,		
	5800 Prach Blud Sule 20	<u>'5-3</u>	955		
	crecksonille .FL	322	1		
(b)	Lilly Cnp.				
(0)	Einter name of NEW Registered Agent and/or NEW Registered Off	fice addi	<u>'ess</u> :		202
	USOI Arlington Expressiony t	<u> 3105</u>	#210	D	- 10L S
	NEW Registered Office Admess.				
	cockerville PO .FL.	322)		27
change agent v was/wa	limited liability company is not organized under the laws of or changes are made, the Florida street address of the regwill be identical. Or, in the case of a Florida limited liabiliere authorized by an affirmative vote of the members of thicles of organization or the operating agreement of the limited liability.	gistered ity com ne limit	office and pany, it is ed liability	the business office hereby confirmed t company or as oth	e of the registered that the change(s)
_	ture of a member of authorized representative of a member			Printed or typed name	•
provisi the obi to mer	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete per ligations of my position as registered agent as provided for ely reflect a change in the registered office address, I here is in writing of this change.	forman	ce of my di	uties, and Lam fam	iliar with and accept

Signature of Registered Agent