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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: THOEN'X FIREWOORK 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:
Dieae Thoenek Name of Person
PHOENIX FIRE WOORK LLC
7945 103RN St Ste 14
Jacksmulle Fr. 30010 City/State and Zip Code
E-mail address: (to be ased for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (101) (013-8880) Area Code & Daytime Telephone Number
Mailing Address: Street Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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:

□ \$25 Filing Fee

\$55 Filing Fee & Certified Copy

INH\$18 (2/14)

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.

submits the joildwing statement in order to change its rogister on agree it
1. Name of the limited liability company: Thoen'x Firewark LLC
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Jacksmuille FL 32210
3. Date of filing/registration in Florida 4. Document number
5. (a) Emari Richardson
A AL DI LI DI A EPA-A-A
Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 794510310 St Stell Jacksmulle FU 32210
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Jacksmulle, FLO 32210
10) Nicole Proenix-ulla
Enter name of NEW Registered Agent and/or NEW Registered Office address:
7945 103 rn St Stely
NEW Registered Office Address:
——————————————————————————————————————
Jacksonville FL 32210
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 of the registered change 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.
Signature of a member or authorized representative of a member Color Printed or typed name of signee
Signature of a mother.
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.
Signature of Registered Agent