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2523 JUN 26 AH 7: 44

COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: MOWEMEE LLC. Name of Limited Liability Company							
SUBJECT: Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office Change and fcc(s) are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
Panela Brooks Name of Person							
MOVE Mee LLE Firm/Company							
9801 Lanham Seiven Rd. 245 Address							
Lanham MP 20706							
City/State and Zip Code							
Phrooks 88 @ Comcast. NET E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Pamela Brooks at 703 (ccc-9327) Name of Person Area Code & Daytime Telephone Number							
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314							
Enclosed is a check for the following amount:							
\$\$ \$25 Filing Fee & Certified Copy							

1. The second of the second of

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.

ranaa.	100					
1. Name	e of the limited liability company:	10 he 1	nee	LLC	 	
	Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS) 433 NW 4847 St. Jaudechill Fl. 32		(b)	Mailing address of limit (Note: MAY BE PO. Lanhan Lanhan Lanhan	<u>ST OFFICE B</u>	BOX)
3. 5. (a) _{Re}	March 23, 2023 Date of filing/registration in Florida Migel Afred egistered Agent and Registered Office shown on the re			23000 /4 Document number		<u>2</u>
(b) \(\frac{1}{2} \)	egistered Office Address 3350 SW 148 AM MICAMA Tamila Stevens Iter name of NEW Registered Agent and/or NEW R EW Registered Office Address:	L 110 FL 3	-6 <u>75</u> 3027		2023 JUN 26 AH 7: 44	
the chang agent will was/were the article Signature	ited liability company is not organized under or changes are made, the Florida street addition to the identical. Or, in the case of a Florida line authorized by an affirmative vote of the means of organization or the operating agreement of a member or authorized representative of a member of a	dress of the r mited liabilit embers of the nt of the limit	the State of registered off y company, i limited liability of the liabilit	ice and the business of is hereby confirmed lity company or as oth ompany. Printed or typed name	office of the that the chatherwise prov	registered ange(s) vided in
provisions the obliga to merely	accept the appointment as registered agent s of all statutes relative to the proper and co ations of my position as registered agent as reflect a change in the registered office add	omplete perfo provided for tress, I hereb	ormance of m in Chapter 6 by confirm the	y duties, and I am far 05, F.S. Or, if this do ut the limited liability	niliar with a cument is b company he	and accept being filed as been

Signature of Registered Agent