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(Requestor's Name)				
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COVER LETTER

INHS18 (2/14)

TO:	Registration Section Division of Corporations	•	
SUBJI	8403 SOUTH ELIZABETH AVE LLC		
	Name of Limited Liability Company		
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.	
Please	return all correspondence concerning this m	atter to the following:	
PAUL	SCHANS		
	Name of Person	· · · · · · · · · · · · · · · · · · · 	
8403 S	OUTH ELIZABETH AVE LLC		
	Firm/Company		
8403 S	OUTH ELIZABETH AVE		
	Address		
PALM	BEACH GARDENS, FL 33418		
	City/State and Zip Code		
PROBI	EGT130@AOL.COM		
E	-mail address: (to be used for future annual	report notification)	
For fur	ther information concerning this matter, ple	ise call:	
PAUL	SCHANS	561 6441674 t()	
	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 following am	ount:	
	□ \$25 Filing Fee	S55 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. N	lame of the limited liability company: 8403 SOUTH	ELIZABETH A	AVE LLC
2. (a)	PAUL SCHANS	(b) _	
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	8403 SOUTH ELIZABETH AVE		
	PALM BEACH GARDENS, FL 33418		
	03/31/2023	L2	23000162236
3.	Date of filing/registration in Florida	 4	Document number
5. (a	1		
J. (a	Registered Agent and Registered Office shown on the records	of the Florida De	ept. of State:
	SHANE SCHANS		
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)	
	9228 GREEN MEADOWS WAY		7023 CCT
	PALM BEACH GARDENS	33418 FL	
	<u> </u>		•
(b)			<u> </u>
	Enter name of NEW Registered Agent and or NEW Register	red Office addre	<u></u>
	PAUL SCHANS		15
	NEW Registered Office Address:		
	8403 SOUTH ELIZABETH AVE		
	PALM BEACH GARDENS	33418 FL_	
chang agent was/w	limited liability company is not organized under the e or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of the second or the operating agreement or the operating agreement of the second or the operating agreement of the second or the operating agreement or the operating agreement of the operation of the operating agreement of the	he registered of liability comp s of the limited he limited liab	office and the business office of the registered pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in
Signa	attre of a member or authorized representative of a member		Printed or typed name of signee
provis the ob to meg	thy accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provide the reflect of change in the registered office address, ad in writing of this change.	gree to act in le performanc ded for in Cha I hereby confi	this capacity. I further agree to comply with the se of my duties, and I am familiar with and accept spter 605, F.S. Or, if this document is being filed firm that the limited liability company has been
Signat	are of Registered Agent		