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COVER LETTER

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: Firm/Company Sol New Hongan Cap Address August 123883 City/State and Zip Code Lemail address: (to Loused for future annual report notification) For further information concerning this matter, please call: Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount: \$525 Filing Fee Stored Address Registrated Copy S555 Filing Fee S555 Filing Fee & Certified Copy	TO: Registration Section Division of Corporations		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: ### Firm/Company Sal New Horsen Address			
Please return all correspondence concerning this matter to the following: Firm/Company San Naw Horizon Color	Dear Sir or Madam:		
Firm/Company 521 Naw Horizon Look Address Auburn dale, H. 33873 City/State and Zip Code Lunan 1989 D. m. L. Loon E-mail address: (to housed for future annual report notification) For further information concerning this matter, please call: Luna Guill June at (205) 6478745 Name of Person Area Code & Daytime Telephone Number Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount:	The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Firm/Company 52 New Horzon Look Address AUS rndale, FL 33873 City/State and Zip Code Whan 1989 Demail Loon E-mail address: (to foused for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount: Enclosed is a check for the following amount:	Please return all correspondence concerning this matter to the following:		
Address AUS NAME Address City/State and Zip Code AUGUAN 1989 D. P. M. L. Com E-mail address: (to boused for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount:	Fulana Quill Dume Name of Person		
AUST NOTE: City/State and Zip Code Lunan 1989 Demail Com E-mail address: (to boused for future annual report notification) For further information concerning this matter, please call: Luna Guillaume at 305 6478746 Name of Person Area Code & Daytime Telephone Number Mailing Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 Tallahassee, FL 32303 Enclosed is a check for the following amount:	Firm/Company		
E-mail address: (to boused for future annual report notification) For further information concerning this matter, please call: ELLAND GUIL DUME at (205) 6478746 Name of Person Area Code & Daytime Telephone Number Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount: Enclosed is a check for the following amount:	521 New Horizon Coop Address		
For further information concerning this matter, please call: FULL A GUILLAUME at (205) 6478746 Name of Person Area Code & Daytime Telephone Number Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount: Enclosed is a check for the following amount:	Auburndale, FL 33873 City/State and Zip Code		
Fund Guil June at (305) 647876 Name of Person Area Code & Daytime Telephone Number Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount: Area Code & Daytime Telephone Number Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	E-mail address: (to boused for future annual report notification)		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount: Area Code & Daytime Telephone Number Street Address: Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	For further information concerning this matter, please call:		
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	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		
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<i>,</i>	\$25 Filing Fee & Certified Copy		

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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: 2PM dere	ed care LC
2. (a) 7/2 AVE 2 SE	(b) 521 New Harizon lad
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
winter Haven, El	Auburn dale, F
_3388/	33823
04/3/23	1.23000 1647-31
3. Date of filing/registration in Florida	4. Document number
5. (a) ETTRINGE PROJECTS Registered Agent and Registered Office shown on the records of the	e Florida Dent of State:
521 New Horizon Loop	in tortula pept. or state.
Registered Office Address (MUST BE FLORIDA STREET AD	DDRESS)
suburndale, FL_	33693 g
(b) Ewana Guillaume Enter name of NEW Registered Agent and/or NEW Registered Of	office address:
521 NEW HOVIZON Loop NEW Registered Office Address:	
Auburndalt , FL	33803
If the limited liability company is not organized under the laws change or changes are made, the Florida street address of the reagent will be identical. Or, in the case of a Florida limited liability was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the limited liability.	egistered office and the business office of the registered ility company, it is hereby confirmed that the change(s) the limited liability company or as otherwise provided in
Em.	Ewana Guillaume
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 Jamiliar 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.

Entremise Ladon's
Signature of Registered Agent