## 300140272

(Requ	estor's Name)	
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Certified Copies	Certificates	s of Status
Special Instructions to Filin	•	
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Office Use Only



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## COVER LETTER

TO: Registration Section Division of Corporations									
SUBJECT: Easy Revenue Solution Name of Lin	S LLC. ited Liability Company								
Dear Sir or Madam:									
The enclosed Registered Agent/Registered Office Change	ve and fee(s) are submitted for filing.								
Please return all correspondence concerning this matter									
rease return an correspondence concerning this matter	to the following.								
April Campo Name of Person									
Name of Person									
Firm/Company	<del></del>								
7112 N Socrum Loop Rd. Address									
Lakeland FL 33809 City/State and Zip Code									
ratrading and management @yaheo. (orn E-mail address: (to be used for future annual report notification)									
For further information concerning this matter, please ca	ıll:								
April Compo at (	N3 ) 753-6922  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 amount:									
<b>⅓</b> \$25 Filling Fee	☐ \$55 Filing Fee & Certified Copy								
INHS18 (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.

1. Na	me of the limited liability company: Easy	Reven	we	Solutions	uc.				
2. (a)	,		(b)						
_, ()	Principal office address of limited liability comp: (Note: MUST BE STREET ADDRESS)	Mailing	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)						
	5337 N Socrum Loop Rd	STE 45	57	5337 N	Sccrur	n Loop	Rd	STE	457
	Lakeland FL 33809			Lakela	end f	L 338	09		
	4/11/2023			L23	000 18	0272			
3.	Date of filing/registration in Florida		4.	Docu	ment num	ber			
5. (a)	RA Trading and Managem Registered Agent and Registered Office shown on the red	ent In	ن . Florida I	Dept. of State:					
	Registered Office Address (MUST BE FLORIDA ST	TREET AD	DRESS)						
	5337 N Socrum Loop Rd	STE 45	57			7	~>		
	Lakeland			09		ALL/ ALL/	023 /		
(b)	April Campo					SSAHASS	2023 APR 26	- i	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Re</u>	gistered Of	ffice addi	ress:			6 MH 9:	0	
	NEW Registered Office Address:						,—. -		
	7112 N Socrum Loop	Rd						•	8
	lakeland	, FL	338	09					
change agent was/we the artice Signate I hereb provision to mere notified	mited liability company is not organized under or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the menticles of organization or the operating agreement was of a member or authorized representative of a member of a	of the regited liabil of the lim  of the lim  and agree on the lim  ond agree on the lim  on the lim	gistered lity corr he limit nited lia to act in forman or in Ch eby con	office and the bapany, it is herebed liability company. bility company.  Printed this capacity. In this capacity. In the capacity of the capac	ousiness of confirm pany or as description or as description of the confirmation of th	ffice of the ded that the otherwise	e regis le chan e provi	tered ge(s) ded in	
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