(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
J DENNIS							
JUL 2 1 2023							
<u> </u>							

Office Use Only



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05/18/23--01014--007 **25.00

COVER LETTER

TO: Registration Section Division of Corporations								
SUBJECT: The Finesse Club L Name of Limited Lia	bility 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:								
LoveHa Thomas Name of Person	_							
The FireSse Club U.C. Firm/Company								
2829 Bird Ave Address	_							
Miamy, FL 35133 City/State and Zip Code	_							
E-mail address: (to be used for future annual report notific	ation)							
For further information concerning this matter, please call:								
Lovotta Thomas at (904) Name of Person	S97-5983 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:								
\$25 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: The	Fines	se Club	LLC		
2	(a)	2829 Bird Aug Minns, FL 3315		(b) <u>2829</u>	Bard Ave 1	1000	FC 331
<i>L</i> .	(u) .	Principal office address of limited liability company:			iling address of limited li		
		(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST O	FFIÇE I	B <i>OX</i>)
				_			
		4/17/2023		L230	0019046	17	
3.		Date of filing/registration in Florida	4.	De	ocument number	<u>- </u>	
5.	(a)	Lovetta Thomas					
٥.		Registered Agent and Registered Office shown on the record	ls of the Flori	da Dept. of State:			
		3865 NW 8th St					
		Registered Office Address (MUST BE FLORIDA STRE	ET ADDRE	<u>SS)</u>			
		¥				_	
		[] [] []	72	2))		2023 HAY	
		tort Lauderdale	, FL <u>55</u>	<u> </u>		¥	7E
	(b)	James Thompson				81 Y	ARE E
,	· · / ·	Enter name of NEW Registered Agent and/or NEW Regist	ered Office	address:			03.60
			_			·	40 d
		147 E Oakland	Parle	Bluel		2: 5	32
		NEW Registered Office Address:	•	.		0	£.
		_ # 405					
				_			
		Oakland Park	, FL <u>33</u>	334			
1 <i>f</i> +1	ha li	mited liability company is not organized under the	lawe of th	sa State of Flori	da it is harahy confi	rmed the	at after the
cha	nge	or changes are made, the Florida street address of	the registe	ered office and t	he business office of	the regi	istered
age	nt w s/we	rill be identical. Or, in the case of a Florida limiter re authorized by an affirmative vote of the member	d liability ers of the li	company, it is h mited liability c	ereby confirmed that company or as othery	the cha	inge(s) vided in
the	artic	cles of organization or the operating agreement of	the limited	l liability compa	iny.	_	
		141	_	Loretta	Thomas		
	_	ure of a member or authorized representative of a member					1.3 .3
I h pro	ereb	ry accept the appointment as registered agent and complete of all statutes relative to the proper and complete of the proper and	agree to a lete perfor	ct in this capaci mance of my dui	ty. I further agree to ties, and I am familia	comply () comply ()	y with the and accept
the to r	obli nere	ny accept the appointment as registered agent and one of all statutes relative to the proper and compligations of my position as registered agent as proving the properties of the change in the registered office address the change in the registered office address.	vided for in s, I hereby	Chapter 605, F confirm that the	i.S. Or, if this docum climited liability com	ient is b ipany hi	eing filed as been
not	ified	in writing of this change.	•		-	-	
Sig	natur	e of Registered Agent					