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(((H23000173233 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number: I20220000070 Phone : (888)462-3453 Pax Number : (877)919-2613

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LLC REGISTERED AGENT CHANGE CHECKFORD LLC

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			. (((H230001732	233 3)))
•	,	COVER	LETTER .	,
	istration Section islon of Corporations			
SUBJECT:	CHECKFORD LLC			
SUBJECT.	-	Name of Limited	Liability Company	
Dear Sir or l	Madam:			
The enclose	d Registered Agent/Registere	d Office Change ar	nd fce(s) are submitted for filing.	
Please return	n all correspondence concerni	ing this matter to th	e following:	
LOVETTE D	OBSON			
	Name of Person			
INCFILE.CO	OM LLC			
	Firm/Company			
17350 STAT	E HWY 249 #220			
	Address			
HOUSTON	ΓEXAS 77064			
	City/State and Zip C	ode		
	DINCFILE.COM			
E-mail	address: (to be used for futu	re annual report not	ification)	
For further i	nformation concerning this π	natter, please call:		
LOVETTE D	OOBSON	888 at (462-3453	
	Name of Person		Area Code & Daytime Telephone Number	
Reg Div P.O	iling Address; gistration Section ision of Corporations Box 6327 lahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enc	closed is a check for the follo	owing amount:		
S	25 Filing Fee		\$55 Filing Fee & Certified Copy	
INHS18 (2/1	4)		(((H23000173233 3)))

Signature of Registered Agent

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY (((H23000173233 3)))

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.

2 (2)		(b)			
2. (a)	Principal office address of limited liability company: (Note: MUST RE STREET ADDRESS)	(0).		of limited liability company: BE POST OFFICE BOX	
	5601 SW 12TH B209	5	6601 SW 12TH B209		
	NORTH LAUDERDALE, FL 33068		NORTH LAUDERDALE, FL 33068		
	04/20/2023	L2	13000195369		
3.	Date of filing/registration in Florida	4.	Document nu	mber	
5. (a	Registered Agent and Registered Office shown on the records of				
	Registered Agent and Registered Office shown on the records of SADIRA PETIT HOMME	the Florida D	ept. of State:		
	Registered Office Address (MUST RE FLORIDA STREET 5601 SW 12TH B209	ADDRESS)			
	NORTH LAUDERDALE	33068		202	
				2023 H/V.	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	. <u>.</u>			
	Enter name of NEW Registered Agent and/or NEW Registered	Office addr	:33 :	9 17	
	REPUBLIC REGISTERED AGENT LLC			PH	
	NEW Registered Office Address:			5;	
	1150 Nw 72nd Ave Tower I Ste 455			12	
	Miami , FI	33126			
chang agent was/v the ar	limited liability company is not organized under the large or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the day.	registered ability com of the limite limited liat	office and the business pany, it is hereby confu d liability company or bility company. Petit Homme	office of the registered rmed that the change(s)	
I her provide the old to me notification.	eby accept the appointment as registered agent and agents of all statutes relative to the proper and complete obligations of my position as registered agent as provide rely reflect a change in the registered office address, led in writing of this change.	ree to act in performant d for in Cha hereby conf	this capacity. I further ce of my duties, and I a apter 605, F.S. Or, if the firm that the limited lian	r agree to comply with the m familiar with and accept his document is being filed bility company has been	