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COVER LETTER

Division of Corporations	
CERTAINTY FINANCIAL LLC SUBJECT:	
	e of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
DONALD BALLOU	
Name of Person	
CERTAINTY FINANCIAL LLC	
Firm/Company	
7153 58TH ST N PINELLAS PARK FL 33781	
Address	
City/State and Tip Code	
City/State and Zip Code CERTAINTYFINANCIAL@GMAIL.COM	
E-mail address: (to be used for future annu	ual report notification)
For further information concerning this matter, p	please call:
DONALD BALLOU	727 771-3233 _at ()
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 a	amount:
\$25 Filing Fee	☐ \$55 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.

a)	7153 58TH ST N PINELLAS PARK FL 33781		b)	53 58TH ST N PI	NELLAS PAR	K FL 33781 '	
.ч,	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	MAY 2023	-		23000		74	
	Date of filing/registration in Florida	4.		Docume	nt number		
(a)	DONALD BALLOU 5385 56TH AVE N ST PETE FL 3370	()		010			
	Registered Agent and Registered Office shown on the records of the Florida Dept, of State,						
	Registered Office Address	DRES	<u>(S)</u>		2020 ff.8 ff.		
	, FL					,	
(b)	DONALD BALLOU 7153 58TH ST N PINELLAS PARK FL 33781 New \\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\						
	Enter name of NEW Registered Agent and/or NEW Registered Of	ffice a	<u>ddress</u>				
	NEW Registered Office Address:						
	FL						
ige	mited liability company is not organized under the laws or changes are made, the Florida street address of the re- fill be identical. Or, in the case of a Florida limited liabi- re authorized by an affirmative vote of the members of teles of organization or the operating agreement of the lin	gister lity co he lin	ed off ompai nited	ice and the busing, it is hereby companiability compan	ness office of confirmed that	the registered the change(s)	
we	· · · · · · · · · · · · · · · · · · ·						
we	Donal & Ballou	DO	NALI	BALLOU			

provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar 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.

Signature of Registered Agent