L23000221353

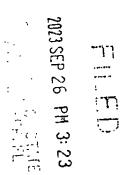
(R	equestor's Name)					
(Ad	ddress)					
(Ad	ddress)					
(C	ty/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL				
(Bo	usiness Entity Name)					
(Document Number)						
Certified Copies	_ Certificates of	Status				
Special Instructions to	Filing Officer:					

Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations		•
SUBJI	FLIPPED & PROFIT GROUP LL	.C	
	N	ame of Limited I	Liability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered C	Office Change and	I fee(s) are submitted for filing.
Please	return all correspondence concerning	this matter to the	following:
Blannic	E Ramos		
	Name of Person		
FLIPPI	ED & PROFIT GROUP LLC		
	Firm/Company		
3014 A	qua Virgo Loop		
	Address		
Orland	o, Fl, 32837		
	City/State and Zip Code	;	
flipped	profitgroup@gmail.com		
E	-mail address: (to be used for future a	nnual report noti	fication)
For fur	ther information concerning this matt	er, please call:	
Blannie	E Ramos	321 at (4401385
	Name of Person		Area Code & Daytime Telephone Number
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following	ng amount:	
	☐ \$25 Filing 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.

(a)	3014 Aqua Virgo Loop, Orlando Fl, 32837		(b) 8865 Cor	mmodity Circles	Ste 14-103	PMB 10	022
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Orlando, FL 32819					
		_					
	05/04/2023		L23000221	1353			
	Date of filing/registration in Florida	4.		Document nu	ımber		
(a)	Blannic E Ramos and Jose H Malpica						
(4)	Registered Agent and Registered Office shown on the records of the	h c Flo	ida Dept. of Sta	— ite:			
	3014 Aqua Virgo Loop, Orlando, Fl 32837						
	Registered Office Address (MUST BE FLORIDA STREET A	DDR	<u>:SS)</u>			2	
						023	
					-	2023 SEP	-17
	, FL_			_	٠.	26	
(L)	Paola Valentina Malpica Ramos				 	PH	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office	address:			ၗ	
	8865 Commodity CircleSte 14-103 PMB 1022, Orlando, F	L 328	19		프립	: 23	
	NEW Registered Office Address:		· · ·	_			
							
	Er.						
	, FL_						
nge nt w s/wc arti	imited liability company is not organized under the law or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the land.	regist bility f the i imite	ered office ai company, it imited liabili	nd the business is hereby confi ity company or mpany.	s office of irmed that	the reg	gistered ange(s)
gnat	ure of a member of authorized representative of a member	_		Printed or type	d name of si	ignee	
eret visid obli nere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided bly reflect a change in the registered office address, I had in writing of this change.	e to o perfoi for i ereby	nct in this cap mance of my n Chapter 60 n confirm that	pacity. I furthe duties, and I d 5, F.S. Or, if t the limited lia	er agree to im familia his docum bility com	compl or with i ent is l opany h	ly with the and accepting file as been

Signature of Registered Agent