L23000229294

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AB

COVER LETTER

	Registration Section Division of Corporations					
SUBJEC	Pros Advocates LLC					
		Name of Limited Liability Company				
Dear Sir	or Madam:					
The encl	osed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.			
Please re	turn all correspondence concernin	g this matter to the	following:			
Jake Foer	ster					
	Name of Person					
Pros Adve	ocates LLC					
	Firm/Company					
20060 Pra	nirie St. #429E					
	Address					
Chatswor	th, CA 91311					
	City/State and Zip Co	de				
jake@pro	sadvocates.com					
E-n	nail address: (to be used for future	annual report notif	ication)			
For furth	er information concerning this ma	itter, please call:				
Jake Foer	ster	310 at (401-0632			
	Name of Person	at (Area Code & Daytime Telephone Number			
N	Mailing Address:		Street Address:			
	Registration Section		Registration Section			
	Division of Corporations		Division of Corporations			
	P.O. Box 6327		The Centre of Tallahassee			
1	Callahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
ŀ	Enclosed is a check for the follow	ving amount:				
C	\$25 Filing Fee	= \$	55 Filing Fee & Certified Copy			
INILIC 197	2/14)					

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	ame of the limited liability company:	.LC				
2. (a)	20060 Prairie St.		(b) <u>20060</u> Pr	airie St.		
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(5)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	#429E		#429E			
	Chatswoth, CA 91311		Chatswor	th, CA 91311		
	05/08/2023		L23000229	7294		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	Jon Lesane					
J. (u)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
	180 E. Dania Beach Blvd.					
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRE.	<u>ss)</u>	_		
	Apt 615					
	Dania , FI	33004				
(b)	Judith Missick			. ·		
(-)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			-		
	525 NE 111th St			:		
	NEW Registered Office Address:			- 5 5 1		
			_	_		
	Miami , FI	33161				
change agent v was/we the arti	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registe ability of the li limited	red office a company, it mited liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in		
Vigna	ture of a member or authorized representative of a member		,	Printed or typed name of signee		
provisi the obl to merc	by accept the appointment as registered agent and agrons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I is a writing of this change.	ee to ac perform d for in hereby	ct in this cap nance of my Chapter 60 confirm that	pacity. I further agree to comply with the duties, and I am Jamiliar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been		
11.1	2 (D					
oignatu	le of Registered Agent					