## L23000244154

(Address)  (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 3 1 2023				
(Address)  (City/State/Zip/Phone #)  (PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	(Re	questor's Name)		
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	(Ad	dress)		
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Office Use Only



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## **COVER LETTER**

TO:

INHS18 (2/14)

TO: Registration Section Division of Corporations	
SUBJECT: Traveling life	Style LC Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
VinQ uardlaw Name of Person	
Traveling life Firm/Company	Style LLC
7726 Wine gorden	2nd floer
Orlando FL 328 City/State and Zip Cod	
Travoling life Styles E-mail address: (to be used for future	annual deport notification)
For further information concerning this mat	tter, please call:
Name of Person	at ( 369 ) 469 73 43  Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	
Enclosed is a check for the follow	ing amount:
S25 Filing Fee	S55 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.

1. Na	ame of the limited liability company: Ifavelinglifestyle LLC	
2. (a)	·	in if a ladd ross ss of limited liability company: Y BE POST OFFICE ROX
	1.2300024	4154
3.	Date of filing/registration in Florida 4. Document	number
5. (a)	Cheyane moseley, US core Agents Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
	Jack 5001/110 FL 32202	2023 HAY 30
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	FILE 30
	1726 Winegard RD FL2 orlando FL 32609 NEW Registered Office Address:	OF STALE
	orlando .FL 32804	
the cha agent v was/we	limited liability company is not organized under the laws of the State of Florida, it is hange or changes are made, the Florida street address of the registered office and the buwill be identical. Or, in the case of a Florida limited liability company, it is hereby covere authorized by an affirmative vote of the members of the limited liability company ticles of organization or the operating agreement of the limited liability company.	isiness office of the registered nfirmed that the change(s)
421	ature of a member or authorized representative of a member Printed or ty	andless
I here provision the obline to mere notified	eby accept the appointment as registered agent and agree to act in this capacity. I furitions of all statutes relative to the proper and complete performance of my duties, and digations of my position as registered agent as provided for in Chapter 605, F.S. Or, it is reflect a change in the registered office address. I hereby confirm that the limited and in writing of this change.	ther agree to comply with the
Signatu	ure of Registered Agent	