## L25 000 271841

(Requestor's Name)								
(Address)								
(Address)								
(Address)								
V/								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								
Special manusions to raining Officer.								

Office Use Only



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2023 JUN 23 PH 4: 35
SECRETARY OF STATE

MM

## **COVER LETTER**

TO:	Registration Section Division of Corporations		·					
	Second Story Innovation LLC							
SUBJI	Name of Limited Liability Company							
Dear S	ir or Madam:							
The en	closed Registered Agent/Registered Offic	e Change and fo	ce(s) are submitted for filing.					
	return all correspondence concerning this							
Dana T	Sampson							
	Name of Person		_					
Second	Story Innovation LLC							
•	Firm/Company		<del></del>					
1404 S	aguaro Street							
•	Address		_					
Daven	port. FL 33837							
	City/State and Zip Code		<del>-</del>					
dana@	storytimecreator.com							
E	E-mail address: (to be used for future annu	al report notific	ation)					
For fu	rther information concerning this matter, p	lease call:						
Dana S	ampson	321 at (	948-7003					
	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	ımount:						
■ \$25 Filing Fee			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:  Second Story Inn	ovation	LLC			
2. (a)			(b)			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<del></del> '	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
	1404 Saguaro Street		1404 Sagu	iaro Street		
	Davenport, FL 33837		Davenport	t, FL 33837		
	June 05, 2023		L23000271	841		
3.	Date of filing/registration in Florida	4.		Document nu	umber	
5 (a)						
5. (a)	Registered Agent and Registered Office shown on the records of	Tthe Flori	la Dept. of Stat	<del>_</del> te:		
	United States Corporation Agents, Inc.					
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u></u>	_		
	476 Riverside Ave.					
	Jacksonville, Fl	L <sup>32202</sup>		_	<b>202</b> 315	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:  Dana T Sampson			-	2023 JUN 23 PM 4: 35 SECRE IARY OF STATE TALLAHASSEE, FL	FILED
	NEW Registered Office Address:	<del></del> -		_	FIX 5	
	1404 Saguaro Street			_	` m 👼	
	Davenport , FI	J 33837		_		
change agent v was/we the arti	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	registe ability of of the li- limited	red office an ompany, it i nited liabilit	d the business is hereby confi by company or inpany.	s office of the refirmed that the crass otherwise p	egistered hange(s)
Signa	ture of a member or authorized representative of a member			Printed or type	d name of signee	
provisi the obl to mer	hy accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	nerforn	iance of my .	duties and La	ını familiar witi	i and accept
Signatu	re of Registered Agent					