## L23000274786

(Red	uestor's Name)					
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,	,					
(City)	/State/7in/Phon	- #n				
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Bus	iness Entity Nan	ne)				
(Doc	cument Number)					
Certified Copies	Certificates	of Status				
	<del></del>					
Special Instructions to F	iling Officer:					

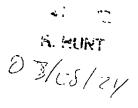
Office Use Only



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## **COVER LETTER**

Division of Corporations			
Bartley LLC			
	mited L	iability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Char	nge and	fee(s) are submitted for filing.	
Please return all correspondence concerning this matte	r to the	following:	
Ilya Soroka			
Name of Person			
Bartley LLC			
Firm/Company	. <u>-</u>		
2490 Monument Road Suite 2		ZERLER -8 AH 7:04	
Address			
Jacksonville, FL 32225		က် တင် အာ ဗေဒ #	
City/State and Zip Code		— ESTA	
ilyasorokajax@gmail.com		L. 1	1
E-mail address: (to be used for future annual repo	ort notif	īcation)	
For further information concerning this matter, please	call:		
•		994 6602	
at (_	904	881-6603  Area Code & Daytime Telephone Number	-
Name of Person		Area Code & Daytime Telephone Number	П
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 amour	ıt:		
<b>☑</b> \$25 Filing Fee	<b>□</b> \$	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.

1. N	ame of the limited liability company: Bartley LLC					
2. (a)		(1	p)			
<b>-</b> . (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	•	,	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
	2490 Monument Road Suite 2	_	2490 M	onument Road S	Suite	2
	Jacksonville, FL 32225	_ <del>_</del>	Jacksoi	nville, FL 32225		
	6/6/2023		L230002	274786		
3.	Date of filing/registration in Florida	4.	•	Decument number		
5. (a	、Soroka, Ilya					
J. (a	Registered Agent and Registered Office shown on the records o	f the Florid	a Dept, of Sta	te:		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>S)</u>	<del></del>		
	1834 Landwood Street			_		
	Jacksonville, F	32211		<del>-</del> 2		
(b)	Soroka, Ilya				3	
(-/	Enter name of NEW Registered Agent and/or NEW Registere	ed Office ac	ddress:	SSEE.FL	AH 7: 04	
	NEW Registered Office Address:				_	
	2490 Monument Road Suite 2			_		
	Jacksonville , F	32225	5	_		
chang agent was/w the ar Sign I here provis the obto me.	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited levere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the authorized representative of a member leby accept the appointment as registered agent and ages sions of all statutes relative to the proper and complete bligations of my position as registered agent as providingly reflect a change in the registered office address, led in writing of this change.	e register iability co of the lin e limited  Ilya	red office are ompany, it is nited liability cor a Soroka	nd the business officis hereby confirmed ty company or as other mpany.  Printed or typed name pacity. I further agri	e of the that the the the the the the the the the th	ne registered ne change(s) se provided in nee
	Let Velly 151					
Signat	ture of Registered Agent					