L2300028012

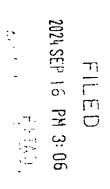
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer.
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09/18/24--01020--015 **25.00



COVER LETTER

Falcon 8 LLC SUBJECT:		
Name of	Limited Liabilit	y Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office C	nange and fee(s)	are submitted for filing.
Please return all correspondence concerning this ma	ter to the follow	ring:
Artem Chebotarev		
Name of Person		
Falcon 8 LLC		
Firm/Company		
4301 Lykes Ln 306	_	
Address	_	
Land O Lakes, Florida, 34638		
City/State and Zip Code		
falcon8florida@gmail.com		
E-mail address: (to be used for future annual r		п)
For further information concerning this matter, plea	se call:	
Artem Chebotarev a	()	753953
Name of Person	Are	ca Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Re Di Ti 24	reet Address: egistration Section ivision of Corporations ne Centre of Tallahassee 15 N. Monroe Street, Suite 810 allahassee, FL 32303
Enclosed is a check for the following amo	unt:	
■ \$25 Filing Fee	□ \$55 Fil	ing 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.

(a)	4301 Lykes Ln 306	(b) 4	301 Lykes Ln 306		
(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Land O Lakes, Florida. 34638		Land O Lakes, Florida, 34638		
	06/09/2023	L2	L23000280672		
	Date of filing/registration in Florida	4.	Document number		
(\	Artem Chebotarev				
(a)	Registered Agent and Registered Office shown on the records	of the Florida De	ept. of State:		
	2800 Breezy Lake Ln 207				
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)			
	Land O Lakes	FL_34638	202		
(b)	Artem Chebotarev		7024 SEP 16		
	Enter name of NEW Registered Agent and/or NEW Register	ed Office addre			
	4301 Lykes Ln 306		EP 16 PH 3: 06		
	NEW Registered Office Address:		3: 06		
	Land O Lakes	FI 34638			
ange ento as/w e art	imited fiability company is not organized under the corchanges are made, the Florida street address of twill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the difference of a member or authorized representative of a member	he registered of the limite softhe limite he limited liab	office and the business office of the registered pany, it is hereby confirmed that the change(s) id liability company or as otherwise provided in		
	inge at a member or authorized representative of a member		ranged or typed name or signee		

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

INTEREST 1

Signature of Registered Agent