## 123000285510

(Requestor's Name)				
(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:				
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09/29/23--01025--005 ++35.00 Ret. 11/03/23



## COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: ART B Services LLC ART-B	Services, 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 this m	natter to the following:			
Joseph M Danielle				
Name of Person				
Income Tax & More				
Firm/Company	<del></del>			
2800 Aurora Rd Ste C				
Address	<del></del>			
Melbourne, FL 32935				
City/State and Zip Code				
joe@daniellebusiness.com				
E-mail address: (to be used for future annual	report notification)			
For further information concerning this matter, plo	ease call:			
Joseph M Danielle	321 751-2400			
Name of Person	Area Code & Daytime Telephone Number			
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassec. 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 an	nount:			
□ \$25 Filing Fee	S55 Filing Fee & Certified Copy			
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.	Name of the limited liability company:  ANT B Services L	LLC	(ART-B Services, LLC)
2. (a	1405 Charles Blvd NE	ſ	1405 Charles Blvd NE b)
2. (u	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Palm Bay, FL 32907	(	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  Palm Bay, FL 32907
	06/13/2023		L23000285510
<ol> <li>3.</li> <li>5. (a)</li> </ol>	Date of filing/registration in Florida United States Corporation Agents Inc	4.	Document number
`	Registered Agent and Registered Office shown on the records o 476 Riverside Ave	f the Florid	a Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>S)</u>
	Jacksonville, FL, F	L	·
(b	Income Tax & More		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office ac	idress:
	2800 Aurora Rd, Ste C		
	NEW Registered Office Address:		
	Melbourne, FL , F	L	
chang agent was/v the ar	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 livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	e register iability co of the lin	red office and the business office of the registered company, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in liability company.  Trelstad-Bitler
I her provi the oi to me notifi	adure of a member or authorized representative of a member  eby accept the appointment as registered agent and ag  sions of all statutes relative to the proper and complete  pligations of my position as registered agent as provide  relyreflect a change in the registered office address, I  edit writing of this change  where of Registered Agent	ree to act perform d for in ( hereby c	Printed or typed name of signee  t in this capacity. I further agree to comply with the tance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed onfirm that the limited liability company has been

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