

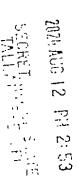
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

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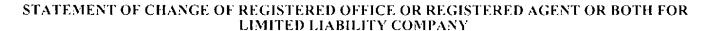
97/22/24--01016--008 **35.00



COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: 6ray Direct LLC Name of Limited Liability Company			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change and I	ec(s) are submitted for filing.		
Please return all correspondence concerning this matter to the fe	ollowing:		
Name of Person Fray Direct LLC Erm/Company			
7219 25H Dr W	— —		
Bradenton, FL: 34209 City/State and Zip Code			
Kurt Alan Gray a Gmal-Co E-mail address: (to be used for future and all report notifi	O M cation)		
For further information concerning this matter, please call:			
Name of Person at (941	773 - 009 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 amount:			
	55 Filing Fee & Certified Copy		

INHS18 (2/14)



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. Nan	ne of the limited liability company:	LC
2. (a) _	72/925H De W. (b)	Mailing address of limited hability company:
	Bradenton, FC, 34209	(Note: MAY BE POST OFFICE BOX)
	6/28/2023	23000309580
3. 5. (a) _	Date of filing/registration in Florida 4. Fig. Authority Ra Registered Agent and Registered Office shown on the records of the Florida Dept. of State	Document number
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	_
		2021 AUS T
(b) _	Enter name of NEW Registered Agent and/or NEW Registered Office address:	2 Pi 2
	72.19 25HDR W. NEW Registered Office Address:	် ် တ _ _
	Bradenton, FL 34209	_
change agent w was/wei the articles Signature I hereby provision the oblit to mere	mited liability company is not organized under the laws of the State of Fi or changes are made, the Florida street address of the registered office an ill be identical. Or, in the case of a Florida limited liability company, it is authorized by an affirmative vote of the members of the limited liability company.	s hereby confirmed that the change(s) by company or as otherwise provided in inpany. Printed or typed name of signee

Signature of Registered Agent