123000321988

(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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SECRETARY OF STATE

COVER LETTER

	egistration Section ivision of Corporations						
SUBJEC	7760 sw 125th Terrace, LLC						
		ame of Limited Li	ability Company				
Dear Sir c	or Madam:						
The enclo	sed Registered Agent/Registered O	ffice Change and t	fee(s) are submitted for filing.				
Please reti	urn all correspondence concerning t	this matter to the f	following:				
Marlene A	framian						
	Name of Person		_				
7760	2 SW 125th to Firm/Company	mace, L	10				
7995 sw 11	24th street						
	Address		_				
Pinecrest, l	FL. 33156						
	City/State and Zip Code		_				
matramian	@gmail.com						
E-ma	ail address: (to be used for future ar	inual report notific	cation)				
For furthe	r information concerning this matte	r, please call:					
Marlene A	framian	310 at (384-4464				
	Name of Person		Area Code & Daytime Telephone Number				
R D P.	lailing Address: egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
E	nclosed is a check for the followin	eg amount:					
Ż	\$25 Filing Fee	□ \$5	☐ \$55 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. Na	ame of the limited liability company:7760 sw 125th Te	еггасе,	1.1.	С			
2. (a)	7995 sw 124th street, Pinecrest, FL, 33156		<i>(</i> 1	7995 sw	2124th street, Pinecrest	, FL, 331;	56
- (Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		('		Mailing address of limit (Note: MAY BE PO.	-	
	July 6th, 2023			L2300032	21988		
3.	Date of filing/registration in Florida	4.			Document number		
5. (a)	United States Corporation Agents, Inc						
	Registered Agent and Registered Office shown on the records of 476 Riverside Ave	the Flo	rid;	i Dept, of Si	tate:		
	Registered Office Address (MUST BE FLORIDA STREET	ADDR.	ESS	<u>, </u>	_		
	Jacksonville , FI	32202	2		_		
(b)	Marlene Aframian	_	_			2023 JUL 2	# F F F F F F F F F F F F F F F F F F F
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	1 Office	ad	dress:		١ 2	4 2
	7995 sw 124th street					- PH	2087. 30 AS 10311.
	NEW Registered Office Address:					2: 57	M There
	Pinecrest, FI	_33156 	5			-	
change agent v was/w	imited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited like authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	regist ability of the l	tero ' co lim	ed office a impany, it ited liabil	and the business office is hereby confirmed lity company or as oth	e of the r	registered change(s)
		Ν	4arl	lene Afram	nian		
Signa	ture of a mendior or authorized representative of a member	_			Printed or typed name	of signee	
I here, provisi the obl to mero notified	by accept the appointment as registered agent and agrions 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. It is in writing of this change.	ree to a perfor d for i hereby	act rme n C : ce	in this ca ince of m Chapter 60 onfirm tha	pacity. I further agre v duties, and I am fan 05, F.S. Or, if this do ut the limited liability	ze to con niliar wit cument i company	iply with the h and accept is heing filed r has been
Signatu	re of Register Agent						
	Division of Corporations ● P.O.	Box 6.	327	7● Tallah	assee, FL 32314		