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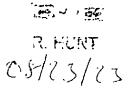




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COVER LETTER

| TO: Registration Section Division of Corporations | • |
|--|--|
| SNJ Holdings LLC SUBJECT: | |
| | d Liability Company |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Office Change a | and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to t | he following: |
| Susana Gonzalez Cortes | |
| Name of Person | <u> </u> |
| SNJ Holdings, LLC | |
| Firm/Company | |
| 4985 58th Ave 8 | 2023 AUG |
| Address | |
| St. Petersburg Fl 33715 | |
| City/State and Zip Code | PM 12: 40 |
| gonzasus@verizon.net | |
| E-mail address: (to be used for future annual report no | otification) |
| For further information concerning this matter, please call: | |
| Susana Gonzalez Cortes 813 at (| 5418055 |
| Name of Person | 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: | |
| ■ \$25 Filing Fee | 1 \$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.

| (a) | 14135 Waterville Ci | | (b) 14135 Waterville Cir | | |
|------------------------|--|--|---|--|--|
| 1407 | Principal office address of limited liability company (<u>Note: MUST BE STREET ADDRESS</u>) | y: | | Mailing address of limited liability (Note: MAY BE POST OFFICE | |
| | Tampa, Fl | | Tampa | a, H | |
| | 33626 | | 33626 | · · | |
| | 7/11/23 | | 1,23000 | 1327303 | |
| (a) | Date of filing/registration in Florida Nicole Potts | 4. | | Document number | |
| | Registered Agent and Registered Office shown on the record 14135 Waterville Cir | rds of the Flor | ida Dept. of | f State: | |
| | Registered Office Address (MUST BE FLORIDA STR | EET ADDRI | <u>(3.8)</u> | | |
| | Тавтра | _, FL | | | |
| (b) | Susana Gonzalez Cortes | 1.066 | | | 519) (415 |
| | Enter name of NEW Registered Agent and/or NEW Registered Agent Ave | Merca Office | <u>augress</u> . | | JIVISION DAR OF DARISIAN |
| | NEW Registered Office Address: | | _ | | Control of State Contro |
| | St. Petersburg | _, FL | - | | |
| ange ent w is/we | imited liability company is not organized under the or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limit are authorized by an affirmative ofte of the member of organization or the operating agreement of a member of a member of a member of a member. | of the regist ed liability pers of the l | ered offic company, imited lia d liability | ce and the business office of the re- tit is hereby confirmed that the cobility company or as otherwise processing. | gistered hange(s) |
| | | | | Printed or typed name of signer | |

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