L23000330556

(Requestor's Name)					
(Address)					
(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:					
3777					
600 2 1 124					
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COVER LETTER

Division of Corporations	
Utilize Me, LLC SUBJECT:	
	lame of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Kate Olbrich	
Name of Person	
Utilize Me, LLC	
Firm/Company	
1495 Stellar Drive	
Address	
Oviedo, FL 32765	
City/State and Zip Code	2
katie@utilizeme.llc	
E-mail address: (to be used for future a	nnual report notification)
For further information concerning this matt	er, please call:
Kate Olbrich	407 257-2551 at ()
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	ng amount:
■ \$25 Filing Fee	□ \$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	me of the limited liability company: Utilize Me, LLC				
2.	(a)			(b)		
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	-	(~)	Mail	ing address of limited liability company: lote: MAY BE POST OFFICE BOX)
		1495 Stellar Drive			1495 Stellar D	rive
		OVIEDO, FL 32765	_		OVIEDO, FL	32765
		05/10/2023		Į	.23000330556	
3.		Date of filing/registration in Florida	4.	-	Do	cument number
5.	(a)	Registered Agent and Registered Office shown on the records of OLBRICH, KATE	the Flori	ida	Dept, of State:	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 89 Alafaya Woods Blvd #1012				7.7
		OVIEDO, FL	32765			. 3
	(b)					<u>5.</u> 1.:
	(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office	add	ress:	2: 10
		OLBRICH, KATE				<u>_</u>
		NEW Registered Office Address:				
		1495 Stellar Drive				
		Oviedo, FL	32765			
cha age	inge ent w s/we	or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lizere authorized by an affirmative vote of the members of the organization or the operating agreement of the	registe bility f the li limited	cor imi	I office and th npany, it is he ted liability co	e business office of the registered reby confirmed that the change(s) ompany or as otherwise provided in
_	41	rure of a member or authorized representative of a member	— —	416		inted or typed name of signee
I h pro the to i not	erel ovisio obli nere ified	by accept the appointment as registered agent and aground on sof all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have a change in the registered office address, I have a considered by the change.	ee to a perfori l for in iereby	et i mai coi	n this capacit	v. I further goree to comply with the