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## **COVER LETTER**

Dear Sir or Madam:  The enclosed Registered Agent/Registered Office Change and fec(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  Garrett Porter  Name of Person  Urban Getaways, LLC  Firm/Company  118 Brookover Lane  Address  Brandon, FL 33511  City/State and Zip Code  firefox120@outlook.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Garrett Porter  Name of Person  Mailing Address:  Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314  Enclosed is a check for the following amount:	Division of Corporations				
Dear Sir or Madam:  The enclosed Registered Agent/Registered Office Change and fec(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  Garreu Porter  Name of Person  Urban Getaways, LLC  Firm/Company  118 Brookover Lane  Address  Brandon, Fl. 33511  City/State and Zip Code  firefox120@outlook.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Garreut Porter  Name of Person  Area Code & Daytime Telephone No.  Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Enclosed is a check for the following amount:	SUBJECT: Urban Getaways, LLC	of Limited L	iahility Company		
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City/State and Zip Code	The enclosed Registered Agent/Registered Office	: Change and	fee(s) are submitted for fil	ıng.	
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Urban Getaways, LLC  Firm/Company  118 Brookover Lane  Address  Brandon, FL 33511  City/State and Zip Code  firefox120@outlook.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Garreu Porter  Name of Person  Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Enclosed is a check for the following amount:  Employed Price P	Garrett Porter				
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Address  Brandon, FL 33511  City/State and Zip Code  firefox120@outlook.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Garrett Porter  S13  Area Code & Daytime Telephone No.  Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Enclosed is a check for the following amount:  Brandon, FL 33511  S13  4101603  Area Code & Daytime Telephone No.  Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 816 Tallahassee, FL 32303	Urban Getaways, LLC				:
Address  City/State and Zip Code  firefox120@outlook.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Garrett Porter  S13 4101603  Name of Person  Area Code & Daytime Telephone No.  Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Enclosed is a check for the following amount:  Email address: Registration  Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 816 Tallahassee, FL 32303	Firm/Company				
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Name of Person  Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Enclosed is a check for the following amount:  813 4101603  Area Code & Daytime Telephone No.  Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 816 Tallahassee, FL 32303	E-mail address: (to be used for future annu	al report noti	fication)		
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	Registration Section Division of Corporations P.O. Box 6327		Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
\$25 Filing Fee & Certified Copy	Enclosed is a check for the following	amount:			
- 000 thing the	☑ \$25 Filing Fee		\$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.

	me of the limited liability company:	118	8 Brookover Lane Brandon, FL 33511
(a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b) <u>-</u>	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
			000335604
	07/17/2023		
	Date of filing/registration in Florida	4.	Document number
(a)	Inc Authority RA		
(11)	Registered Agent and Registered Office shown on the records	of the Florida Dep	or, of State:
	Registered Office Address	T ADDRESS)	
	390 North Orange Ave., STE 2300-N		
	Orlando	32801	: :
	· · · · · · · · · · · · · · · · · · ·	rı	-
4.5	Garrett Porter		1
(b)	Enter name of NEW Registered Agent and/or NEW Register	red Office addres	8:
	<del></del>		
			=
	NEW Registered Office Address:		1-1
	118 Brookover Lanc		
	Brandon	EL 33511	
hang gent 'as/w ie grl	limited liability company is not organized under the e or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of the street of	the registered of Hiability comp rs of the limited the limited liab	any, it is hereby confirmed that the change(s) dliability company or as otherwise provided it ility company.
<i>رن</i> سنع	anetherter	Garrett	Porter  Printed or typed name of signee
Sign	ature of a member or authorized representative of a member		
here rovis ie ol	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and complo oligations of my position as registered agent as prov- rely reflect a change in the registered office address	agree to act in ete performanc ided for in Cha . I hereby confi	this capacity. I further agree to comply with the of my duties, and I am familiar with and accepter 605, F.S. Or, if this document is being further that the limited liability company has been
o mei otific	od in writing of this change.		

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