## [2300034941]

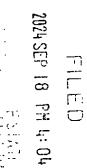
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
J. HORNE					
SEP 2 3 2024					

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## **COVER LETTER**

TO: Registration Section Division of Corporations						
SUBJECT: COMADISON MAI	VUJACTURING LLC					
Name of Limited Li	ability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Change and	fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the	following:					
ELIZABETH SHERIDAN						
Name of Person						
CIMADISON MANUFACTURING L	LC					
Firm/Company	<del></del>					
2438 TEERLY LANE						
Address	_					
Smrson 72 34231						
City/State and Zip Code	_					
SQCJMADISON.COM						
E-mail address: (to be used for future annual report notifi	cation)					
For further information concerning this matter, please call:						
ELIZABETH SHERIDAN at 917	596-2167					
Name of Person	Area Code & Davtime 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	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	nme of the limited liability company:	150n	MANUTAC	TURING LIC
2. (a)	2438 TECCYLN, SAKASOTA, A 3/2	231 <sub>(b</sub>	)	
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		•	fress of limited fiability company;  MAY BE POST OFFICE BOX)
		_	DOC# Lo	23000349411
	7/26/23		93-254	4333 EIN
3.	Date of filing/registration in Florida	4.	Documer	nt number
5. (a)	LEGAL LOOM			
J. (u)	Registered Agent and Registered Office shown on the records of the	he Florida	Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRESS</u>	:	
	EI.			
(b)	ELIZABETH SHERIDAN			F 1 2024 SEP
(0)	Enter name of NEW Registered Agent and/or NEW Registered of	Office add	ress:	
	2438 TERRY LV			
	NEW Registered Office Address:			ED ## 04
	SMASCIA, FL	34	1231	
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited lial ero authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	registere bility con the limi imited li	d office and the busi npany, it is hereby c ted liability compan ability company.	ness office of the registered confirmed that the change(s) y or as otherwise provided in
Sional	ture of a member of authorized representative of a member		LIZABET - S	typed name of signee
-	by accept the appointment as registered agent and agre	e to act		
provisi the obl to me <b>r</b> e	ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided Myreflect a change in the registered office address, I had in the provided	performa for in C ereby co	nce of my duties, and hapter 605, F.S. Or, ofirm that the limited	d I am familiar with and accept , if this document is being filed d liability company has been

Signature of Registered Agent