## L23000 353 639

(Re	equestor's Name)		
(Address)			
(Address)			
(Cit	y/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificate:	s of Status	
Special Instructions to Filing Officer:			
L	<del></del>		





300430460173

60.0004 0005 -01: \*\*Xf.fc



## **COVER LETTER**

	gistration Section vision of Corporations	*	
SUBJECT		nited Liability Company	<del></del>
Dear Sir or	Madam:		
The enclose	ed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.	
Please retu	rn all correspondence concerning this matter	to the following:	
	MOREIAN TYSON Name of Person		
10	131x·wn Firm/Company		
9'	38 GIATESHEAD LAN	VE .	202
	City/State and Zip Code	TALL PH	2024 HAY 28 SECRETARY
E-ma	ROMASCE VAHOO il address: (to be used for future annual repo		B PHILL 43
For further	information concerning this matter, please of	:all:	$\Gamma_{R} \omega$
VU	Name of Person at (	916) 220.3638 Area Code & Daytime Telephone	Number
Re Di P.0	egistration Section vision of Corporations O. Box 6327 Illahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303	810
En	nclosed is a check for the following amoun	t:	
₽	\$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.

I. Na	me of the limited liability company: <u>AMIWUA, U</u>	<u> </u>
2. (a)	Principal office address of limited liability company: with, file (Nore: MUST BE STREET ADDRESS)	ARROW LANE, 120th NOA Mailing address of limited liability company: WTH, Note: MAY BE POST OFFICE BOD F( 32,94
3. 5. (a)	7 20 2023.  Date of filing/registration in Florida 4.  VLADIHII2 ROMFO  Registered Agent and Registered Office shown on the records of the Florida Dept. of S.	3000 353 1039 Document number
	40	
	Registered Office Address (MUST SE FLORIDA STREET ADDRESS)	
	109 ARROW LANE	
	ROTANDA WEST FI. 32947	2021 HAY SECRET
		THE MAY
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address	28 P
	VLADIMIR ROMASO	
	NEW Registered Office Address	四至 中
	109 ARROW LANE	ω
	ROTANDA WEST , FI. 32947	
ehang agent	limited liability company is not organized under the laws of the State of e or changes are made, the Florida street address of the registered office will be identical. Or, in the case of a Florida limited liability company, ere authorized by an affirmative vote of the members of the limited liability of organization or the operating agreement of the limited liability of the liability of the limited liability of the liability of the limited li	it is hereby confirmed that the change(s) illing company or as otherwise provided in
I here provis the ob to men notifi	above of antiophy of authorized representative of a member  by accept the appointment as registered agent and agree to act in this of ions of all standes relative to the proper and complete performance of ligations of my position as registered agent as provided for in Chapter rely reflect a change in the registered office address, I hereby confirm the inwriting of this change.  IN MIR COME SO are of Registered Agent	Printed or typed name of signee capacity. I further agree to comply with the my duties, and I am familiar with and occept 605, F.S. (Ir. if this document is being filed that the limited liability company has been

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

INHS18 (2/14)