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(Requestor's Name)			
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(Business Entity Name)			
(Document Number)			
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SECRETARY OF STATE

**COVER LETTER** 

TO: Registration Section Division of Corporations	
SUBJECT: Bartley Chardho Name of Lim	ding
I Name of Lim	ited Liabylity Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter t	to the following:
Rechard Bartley Name of Person	
Firm/Company	
30/0 NW/7/ter	
Address	
Miami, Fl 33056 City/State and Zip Code	<del></del>
Polovbro (1) Jahoo. Com E-mail address: (to be used for future annual report	t notification)
For further information concerning this matter, please ca	di:
Rechard Bartley at (	)
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

. . . . . - •

## **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: Bartley Chardholding		
 2 (a)	h 10 41	//	
( <del>u</del> )	Principal office address of limited liability company: 3303 (Note: MUST BE STREET ADDRESS)  Mailing address of limited liability company: (Note: MAY BE P		
	T/ 2/		
3.	Date of filing/registration in Florida  4. Document number	<u>8781</u>	
5. (a)	Cheyene Moseley, Us Corp. Agents  Registered Agent and Registered Office shown on the records of the Florida Dept. If State:	vi	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
(b)	Jacksonville ,FL 32202 Rechard Bartley	2023 AUG	SE CRE
	Enter name of NEW Registered Agent and/or NEW Registered Office address:  3010 NW 171 Ferr	3-8 AM 10:	FILED TARY OF S
	NEW Registered Office Address:	10: 05	TAILE TAILE
	M: ami ,FL 33056		
change agent v was/we	imited liability company is not organized under the laws of the State of Florida, it is hereby or changes are made, the Florida street address of the registered office and the business off vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirme ere authorized by an affirmative vote of the members of the limited liability company or as or cless of organization or the operating agreement of the limited-liability company.	ice of the regised that the chan	tered ge(s)
provisi the obl to mer	by accept the appointment as registered agent and agree to act in this capacity. I further agents of all statutes relative to the proper and complete performance of my duties, and I am for igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this capacity is the registered of the proper and complete performance of my duties, and I am for igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this capacity reflect a change in the registered office address, I hereby confirm that the limited liability is writing of this change.	amiliar with an document is be	id accept ing filed

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