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(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·
(Ad	dress)	
(,,,	3.000)	
(Ad	dress)	<u>. </u>
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
ertified Copies	Certificates	of Status
Special Instructions to	Fiting Officer	
Opecial instructions to	ming Officer.	
	<u> </u>	

Office Use Only



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COVER LETTER

	•	COVER	LETTER	_	. ,		
TO:	Registration Section Division of Corporations	į	7 :	•	A Pro-		
SUB.	bzenz lle						
		Name of Limited I	Liability Com	pany			
Dear	Sir or Madam:						
The e	nclosed Registered Agent/Registered (Office Change and	d fee(s) are su	bmitted for f	iling.		
Please	e return all correspondence concerning	this matter to the	: following:				
Bradle	ey Zenz						
	Name of Person						
Backy	vard Muralz						
	Firm/Company						
81 95 :	26th Ave N						
	Address					, F	J
St. Pe	tersburg, FL 33710						7073 1:07 - /
	City/State and Zip Code	e				·=!	1
bradle	y.zenz@gmail.com					(د	7
	E-mail address: (to be used for future a	annual report noti	fication)				-
∃or fi	urther information concerning this matt	ter, please call:					7.0
Bradle	ey Zenz	517 at (262-511e)				
	Name of Person		Area Code	: & Daytime	Telephone Nu	ımber	
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Division The Cent 2415 N.	ion Section of Corporat tre of Tallah	assee eet, Suite 810)	
	Enclosed is a check for the following	ing amount:					
	■ \$25 Filing Fee		\$55 Filing Fee	& Certified	Сору		

NHS18 (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.

8196 26th Ave N, St. Petersburg, FL 33710	(b) 8	196 26th Ave N, St. Pc	etersburg, FL 33710
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		-	s of limited liability company (BE POST OFFICE BOX)
August 24, 2023	L2:	3000398 85 83 7	
Date of filing/registration in Florida	4.	Document n	number
United States Corporation Agents, Inc			
Registered Agent and Registered Office shown on the records	of the Florida De	pt. of State:	
Registered Office Address (MUST BE FLORIDA STREE	TADDRESS)		
476 Riverside Ave.			
Jacksonville	3202		207 SE
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Bradley Zenz			2023 HOV -7 SECTOR (1997)
Enter name of NEW Registered Agent and/or NEW Register	red Office addre	<u>ss</u> :	023 HOV - 7
<u>NEW</u> Registered Office Address:		·	:
8196 26th Ave N			• •
St. Petersburg	FL		
	l' L		
mited liability company is not organized under the loor changes are made, the Florida street address of the first street address street addres			
ill be identical. Or, in the case of a Florida limited	liability comp	any, it is hereby conf	firmed that the change(s
re authorized by an affirmative vote-of the member: cles-of organization or the operating agreement of the			r as otherwise provided
1/1/2//	Bradley		
ure of a member or authorized representative of a member		Printed or typ	ed name of signee
ny accept the appointment as registered agent and a	gree to act in	this capacity. I furth	er agree to comply with
ons of all statutes relative to the proper and comple gations of my position as registered agent as provid by reflect a change in the registered office address,	te performanc ded för in Cha	e of my duties, and I pter 605, F.S. Or, if	am familiar with and ac this document is being)
The configuration of the contract of the contr	I harabu aand	rm that the limited li	ahility company has hee

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