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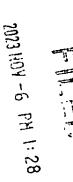
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COVER LETTER

	gistration Section vision of Corporations					
cup II/CT	CATINI EMP FL ONE LLC					
SUBJECT	Name of Limited Liability Company					
Dear Sir or	Madam:					
The enclos	ed Registered Agent/Registered (Office Change ar	d fee(s) are submitted for filing.			
Please retu	rn all correspondence concerning	this matter to th	e following:			
Talita Cam	ilo					
	Name of Person					
Talita Cam	ilo					
	Firm/Company					
7801 Belve	oir dr					
	Address					
Orlando/Fl	1, 32835					
	City/State and Zip Coo	le	_ _			
	alitacamilo.com					
E-m	ail address: (to be used for future	annual report no	tification)			
For furthe	r information concerning this ma	tter, please call:				
Talita Can	nilo	508 at (790-7014			
	Name of Person	\	Area Code & Daytime Telephone Number			
R D P	Aailing Address: Legistration Section Division of Corporations LO. Box 6327 Callahassee, F1, 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
E	Inclosed is a check for the follow	ving amount:				
5	\$25 Filing Fee	٥	\$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.

(2)		(b)				
. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Ŋ	Mailing address of limited lia (Note: MAY BE POST Of	bility company <u>FFICE BOX</u>)	ř.
	7801 Belvoir dr	7801 Belvoir dr				
	Orlando/F1, 32835	Orlando/F1. 32835				
	09/18/2023		L23000434	715		
3.	Date of filing/registration in Florida	- 4.		Document number		
5. (a)				-		
). (a)	Registered Agent and Registered Office shown on the records o BP TAX ADVISORY LLC	f the Florida	Dept. of Stat	e: ; ,	2023 KOV	111
	Registered Office Address <u>(MUST BE FLORIDA STREET</u> \$48 BRICKELL AVE SUITE 203		0V -6			
	MIAMI, F	33131 FL		_	PH	T
(b)	Enter name of NEW Registered Agent and/or NEW Registered Talita Camilo	ed Office ad	dress:		28	
	NEW Registered Office Address:		_	_		
	7801 Belvoir Dr			_		
	Orlando	FL		_		
chang agent was/v the ar	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the memberaticles of organization or the operating agreement of the member of a mem	laws of the he register liability co s of the lin he limited	State of F ed office a ompany, it nited liabili	lorida, it is hereby confi nd the business office o is hereby confirmed tha ity company or as other mpany.	t the change wise provide	:(s)
	reby accept the appointment as registered agent and a sions of all statutes relative to the proper and comple bligations of my position as registered agent as provi rely reflect a change in the registered office address, yed in writing of this change.	igree to ac	t in this ca			ith the accept

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