

L23000449243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

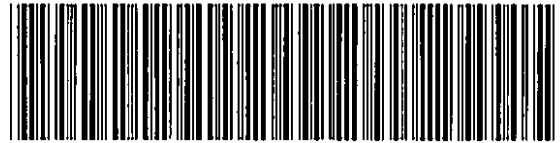
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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2023 SEP 28 AM 10:35
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2023 SEP 28 AM 8:32
REGISTRATION SERVICE
TALLAHASSEE, FLORIDA

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM : Melissa Moreau
850.656.7953

REQUEST DATE 9/28/2023

PRIORITY Regular Approval

OUR REF.# (Order ID#) 1182276

ORDER ENTITY
S-CHANGE, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

S-CHANGE, LLC (FL)

New LLC filing

NOTES:

\$125.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be the initials "MM" or similar, written in a cursive style.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

ARTICLE OF ORGANIZATION OF
S-CHANGE, LLC

A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I: The name of the Limited Liability Company is S-Change, LLC.

ARTICLE II: The mailing and street address of the principal office of the Limited Liability Company is 25 NE 5th, Suite 1920, Miami, FL 33132.

ARTICLE III: The name and Florida Street address of the registered agent are:

SPI Agent Solutions, Inc.
1540 Glenway Drive
Tallahassee, FL 32301
Leon County

Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position s registered agent as provided for in Chapter 605, F.S.

SPI AGENT SOLUTIONS, INC.

BY: Julianne Bass, VP

ARTICLE IV: The name and address of the person authorized to manage and control the Limited Liability Company is:

Marzia D'orlando, 25 NE 5th, Suite 1920, Miami, FL 33132

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TALLAHASSEE, FLORIDA

ARTICLE V: The Effective Date of of this Limited Liability Company is the date accepted by Florida.

This document is executed in accordance with section 605.0203 (1)(b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third-degree felony as provided for in s.817.155 F.S.



Marzia D'orlando

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2023 SEP 28 AM 10:35
STATE OF FLORIDA
DEPARTMENT OF STATE