## L23000491301

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
J. HORNE DEC 2 1 2023							

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Subject Confest

## COVER LETTER

•	istration Section ision of Corporations		
SUBJECT:			
	Ŋ	lame of Limited	Liability Company
Dear Sir or	Madam:		
The enclose	d Registered Agent/Registered (	Office Change a	nd fee(s) are submitted for filing.
Please retur	n all correspondence concerning	this matter to th	ne following:
Sarah Castro	,		
	Name of Person		
	Firm/Company		
301 SW 1st a	ave, apt 1922		
	Address		
Fort Lauderd	lale, FL 33301		
	City/State and Zip Code	e	<del></del>
isabellaalvar	ez1016@gmail.com		
E-mai	l address: (to be used for future a	innual report no	tification)
For further	information concerning this matt	er, please call:	
Sarah Castro		954 at (	818-8712
	Name of Person		Area Code & Daytime Telephone Number
Reş Div P.C	diling Address:  gistration Section  vision of Corporations  D. Box 6327  lahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enc	closed is a check for the followi	ng amount:	
<b>=</b> \$	S25 Filing Fee		\$55 Filing Fee & Certified Copy
INHS18 (2/1	4)		

-1 12 + 733

## 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.

. (a)	7901 4th Street N, STE 300 (b)			7901 4th Street N, STE 300		
` ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(-)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	ST Petersburg,FL 33702			ST Petersb	ourg_FL_33702	
	10/27/2023		1.	230004913	301	
	Date of filing/registration in Florida	- 4.	_		Document number	
(a)	Sarah Castro					
. (a)	Registered Agent and Registered Office shown on the records of	the Flor	ida I	Dept. of State	– e:	
	Registered Office Address (MUST BE FLORIDA STREET.	4DDRE	<u>(SS)</u>		_	
	301 sw 1st ave, apt 1922				_	
	Fort Lauderdale	33301				
	, Гі.				-	
(b)	Registered Agents Inc					
(~)	Enter name of NEW Registered Agent and/or NEW Registered	Office	addı	ess:	_	
	7901 4th Street N, STE 300				2	
	NEW Registered Office Address:					
					/	
	ST Petersburg	33702			. د د	
	, , , , , , , , , , , , , , , , , , , ,	-			· ~	
ie li noe	mited liability company is not organized under the law or changes are made, the Florida street address of the	vs of th	ie S Fed	tate of Flo	orida, it is hereby confirmed that after the business office of the registered	
nt w	fill be identical. Or, in the case of a Florida limited lia	bility (	com	pany, it is	s hereby confirmed that the change(s)	
	re authorized by an affirmative vote of the members of the operation or the operating agreement of the					
1	1 1) It			Castro	party.	
	ure of a member or authorized representative of a member	_		-	Printed or typed name of signee	
erek	y accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I h	ee to a	ct ir	this capa	acity. I further agree to comply with t	