L23000504547

(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:					
3. HORNE AUG 21 2024					

Office Use Only



400433976254

08/14/24--01004--023 **25.00



COVER LETTER

TO:

INHS18 (2/14)

FO: Registration Section Division of Corporations						
Codevelop LLC SUBJECT:						
1	Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.				
Please return all correspondence concerning	g this matter to the	following:				
Sebastian Alejandro Salazar						
Name of Person						
Codevelop LLC						
Firm/Company		_				
502 Via del Oro Drive						
Address		_				
Altamonte Springs, Florida, 32714						
City/State and Zip Coo	de					
sebastiansalazarp27@gmail.com						
E-mail address: (to be used for future	annual report notif	ication)				
For further information concerning this ma	tter, please call:					
Sebastian Alejandro Salazar	407 at (3940658				
Name of Person		Area Code & Daytime Telephone Number				
Mailing Address:		Street Address:				
Registration Section		Registration Section				
Division of Corporations		Division of Corporations The Centre of Tallahassee				
P.O. Box 6327 Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810				
Tananassee, FL 32314		Tallahassee, FL 32303				
Enclosed is a check for the follow	ving amount:					
■ \$25 Filing Fee	□ s	□ \$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.

I. Na	me of the limited liability company:				
2. (a)	255 S ORANGE AVENUE SUITE 104 #1055		255 S ORANGE AVENUE SUITE 104 #1055		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	'	N	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	ORLANDO, FL 32801	_		O, FL 32801	
	11/06/2023		L23000504	547	
3,	Date of filing/registration in Florida	4.		Document number	
5. (a)	SALAZAR, SEBASTIAN A				
, (a)	Registered Agent and Registered Office shown on the records of 255 S ORANGE AVENUE	the Florid	da Dept. of State	:	
	Registered Office Address (MUST BE FLORIDA STREET) SUITE 104 #1055	,			
	ORLANDO, FI	32801		FILED PMI2: 28	
(b)				AUG TH PR	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	ddress:	R D	
	SALAZAR, SEBASTIAN A			ST. 2	
	NEW Registered Office Address:			(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	
	502 Via Del Oro Drive Unit 205				
	Altamonte Springs , FI	32714			
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited like ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registe ability of of the lif limited	red office and ompany, it is mited liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.	
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee	
provisi the obi to mer	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I din writing of this change.	perforn	nance of my a	luties, and I am familiar with and accent	
Signatu	ire of Registered Agent				