L23000SI32SY

(Requestor's Name)
(Address)
(10.000)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
BUIRO Chg.
00864





200440151862

11/25/24---01020--023 **25.00

2024 NOV 25 PH 2: 45 SECRETARY OF STATE TALLAHASSEE, FL

COVER LETTER

TO:	Registration Section Division of Corporations					
SUR	Credit Optimizers LLC					
SOD		Name of Limited	Liability Company	 		
Dear	Sir or Madam:					
The c	nclosed Registered Agent/Registered	Office Change and	d fee(s) are submitted for filing.			
Pleas	e return all correspondence concernin	ng this matter to the	e following:			
Travi:	s Aller					
	Name of Person					
Credi	t Optimizers LLC					
	Firm/Company					
3271	Orange Grove Trail					
	Address					
Naple	s, FL 34120			SEC 77	2024	
	City/State and Zip Co	de		RET/	2024 NOV 25	****
travis	.aller@gmail.com			RETARY OF STAT LLAHASSEE, FL		
	E-mail address: (to be used for future	annual report noti	fication)	3HE.	7 x	1 1
For fi	arther information concerning this ma		FL	PM 2: 45	***	
Travis	s Aller	239 at (404-2201			
	Name of Person		Area Code & Daytime Telephon	e Number		
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303	810		
	Enclosed is a check for the follow	ving amount:				
■ \$25 Filing Fee			\$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.

1. N	ame of the limited liability company:	ers LLC						
2. (a)	1150 Nw 72nd Ave Tower I		(b) 1150 Nw 72nd Ave Tower 1					
2. (2)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Ste 455 #13839		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Ste 455 #13839				:	
	Miami, FL 33126	_ _	Miami, FI	. 33126				
	11/13/2023		L23000513	254				
 (a) 	Date of filing/registration in Florida REPUBLIC REGISTERED AGENT LLC	4.		Document number		<u>.</u>		
5. (a) (b)	Registered Agent and Registered Office shown on the records of 1150 NW 72ND AVE TOWER I	te:						
	Registered Office Address (MUST BE FLORIDA STREE) STE 455	_						
	Miami , i	L_33126		_	SE	207		
	Travis Aller				CRETARY TALLAHAS	2024 NOV 25	·-[
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			_	AHA	125	70,000	
	3271 Orange Grove Trail				CRETARY OF ST TALLAHASSEE,	PM :		
	NEW Registered Office Address:			_	STATE	2: 45	مهر عبدا	
	Naples . F	L 34120		_				
change agent was/w the art / Signz I here provis the obtoner notifie	limited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members idles of organization or the operating agreement of the unit of a member or authorized representative of a member obvious of all statutes relative to the proper and completelizations of my position as registered agent as provided in writing of this change.	ne registe liability of of the line limited	red office an company, it is inted liability convis Aller cut in this cap	of the business offices is hereby confirmed to be company or as oth impany. Printed or typed name active. I further agree	e of the reg that the ch terwise pro of signee	gistered ange(s ovided	d) in ———	