L23000 551193

VIN	
	(Requestor's Name)
	(Address)
((Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	Business Entity Name)
	(Document Number) Certificates of Status
Special Instructions	to Filing Officer:

Office Use Only



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1023 DEC 27 PM 12: 35

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:	INTERCONNECT	ΓLLC	
SOBJECT:	Nai	Liability Company	
Dear Sir or Mad	lam:		
The enclosed Re	egistered Agent/Registered Of	fice Change a	nd fee(s) are submitted for filing.
Please return all	correspondence concerning th	nis matter to t	he following:
Michael Serrano			
	Name of Person		
ZenBusiness Inc.			
	Firm/Company		-
336 E. College A	ve. Suite 301		
	Address		
Tallahassee, FL 3	32301		
	City/State and Zip Code		
ra@zenbusiness.	com		
E-mail add	dress: (to be used for future an	nual report no	otification)
For further infor	rmation concerning this matter	, please call:	
Michael Serrano		8 44 at (493-6249
	Name of Person		Area Code & Daytime Telephone Number
Registr Divisio P.O. Bo	g Address: ration Section on of Corporations ox 6327 assee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclose	ed is a check for the following	g amount:	
\$25 1	Filing Fee		\$55 Filing Fee & Certified Copy
DUIC19 (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.

1. Na	une of the limited liability company:INTER	RCONNE	ECT LLC
2. (a)	2231 DISCOVERY CIRCLE WEST	(b) ²²	231 DISCOVERY CIRCLE WEST
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(%)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	DEERFIELD BEACH, FL 33442	D !	EERFIELD BEACH, FL 33442
	12/14/2023	1.23	000551693
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	GIRALDO, LAURA		
5. (a)	Registered Office Address (MUST BE FLORIDA STREET ADD	RESS)	
	2231 DISCOVERY CIRCLE WEST		
	Registered Office Address (ST BE FLORIDA STREET ADDRES	SS)	FILED 2023 DEC 27 PH 12: 35 SEGNORAL SAFES FL
	DEERFIELD BEACH	33442	FILED DEC 27 PH IS NEW HASSEE
(b)	ZenBusiness Inc		PH IS
(")	Enter name of NEW Registered Agent and/or NEW Registered	1 Office addres	
	336 E. College Ave. Suite 301		т 3 ,
	NEW Registered Office Address:		
	Tallahassee	32301	
change agent v was/we the arti	imited liability company is not organized under the late or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registered of ability compa of the limited	ffice and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in
	Laura Giraldo ture of a member or authorized representative of a member		Printed or typed name of signee
l herei provisi the obl to mero notified	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete igations of my position as registered agent as provide elv reflect a change in the registered office address. I	ree to act in t performance d for in Chap hereby confir	his canacity. I further agree to comply with the
Signatu	re of Registered Agent		