L 24000055819

(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				
JUL 2 4 2024				





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COVER LETTER

FO: Registration Section Division of Corporations		
Evolve Business Strategies, LLC		
	me of Limited l	Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Of	ffice Change and	d fee(s) are submitted for filing.
Please return all correspondence concerning the	his matter to the	e following:
Irina De Hart		
Name of Person		
Evolve Business Strategies, LLC		
Firm/Company		
22201 Scenic Ridge Ct		
Address		
Mt. Dora, FL 32757		
City/State and Zip Code		
irina@evolvebusiness.net		
E-mail address: (to be used for future an		ification)
For further information concerning this matter	r, please call:	
Irina De Hart	862 at (226-8769
Name of Person		Area Code & Daytime Telephone Number
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314	•	2415 N. Monroe Street, Suite 810
		Tallahassee, FL 32303
Enclosed is a check for the followin	g amount:	
■ \$25 Filing Fee	<u> </u>	\$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.

Name of the limited liability company: Evolve Business	Strategies, LL	C
(a) 22201 Scenic Ridge Ct, Mt. Dora, FL 32757	(b)	2201 Scenic Ridge Ct, Mt. Dora, FL 32757
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
7/3/2024		1000055819
Date of filing/registration in Florida	4.	Document number
Irina De Hart 2785 Oak Grove Rd, Davie, FL 33328		
Registered Agent and Registered Office shown on the records of Registered Office Address (MUST BE FLORIDA STREET		pt. of State:
2785 Oak Grove Road	<u> </u>	
Davie, F	33328	()
	- <u></u>	
o)		
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office addres	2 :
Same agent - Irina De Flart		
NEW Registered Office Address:		 m
22201 Scenic Ridge Court		
Mt. Dora	L 32757	
e limited liability company is not organized under the lange or changes are made, the Florida street address of the twill be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members articles of organization or the operating agreement of the	registered o 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 lity company.
reby accept the appointment as registered agent and agisions of all statutes relative to the proper and complete obligations of my position as registered agent as provide erely reflect a change in the registered office address, I fied in writing of this change.	ree to act in t performance d for in Chap hereby confu	this capacity. I further agree to comply with the
ature of Registered Agent		