124 0000 TO126

(Requestor's Name)						
(Address)						
(Addiess)						
(Address)						
(Cit	ty/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						
J. HORNE						
MAR Z Z care						

Office Use Only



200425205262

03/08/24 -01016--004 *#25.00



COVER LETTER

	gistration Section rision of Corporations						
SUBJECT:	Believers Pressing, LLC						
	Name of Limited Liability Company						
Dear Sir or	Madam:						
The enclose	d Registered Agent/Registered Of	fice Change and	fec(s) are submitted for filing.				
Please retur	n all correspondence concerning th	nis matter to the f	ollowing:				
Johnnie John	nson						
	Name of Person		<u> </u>				
_	F: 46)		_				
	Firm/Company						
506 Willowb	prook Drive						
	Address						
Lehigh Acres	s, FL 33972						
	City/State and Zip Code						
believerspres	sing@gmail.com						
E-mail	address: (to be used for future and	nual report notific	cation)				
For further i	nformation concerning this matter,	please call:					
Johnnie John	son	239 at (7287025				
	Name of Person		Area Code & Daytime Telephone Number				
Reg Divi P.O	ising Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

■ \$25 Filing Fee

Enclosed is a check for the following amount:

☐ \$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.	Na	me of the limited liability company: Believers Pre	ssing, L	.LC	
2.	(a)		(b)	
		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)
		506 Willowbrook Drive		506 Wille	owbrook Drive
		Lehigh Acres, FL 33972		Lehigh A	Acres, FL 33972
		2/28/2024			
3.		Date of filing/registration in Florida	4.		Document number
5	(a)				
.	()	Registered Agent and Registered Office shown on the records of Inc Authority RA	the Florida	Dept. of State	::
		Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS,	<u>.</u> !	
		390 North Orange Avenue, Ste. 2300-N			
		Orlando	32801		
		. FL	,		
	(b)				
	(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office add	lress:	
		Johnnie Johnson			St. Walley W. Co.
		NEW Registered Office Address:			
		506 Willowbrook Drive			
		-			
		Lehigh Acres	33972		5
			' <u> </u>		
		imited liability company is not organized under the law nge or changes are made, the Florida street address of			
age	ent v	vill be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of	ability co	mpany, it is	s hereby confirmed that the change(s)
		des of organization or the operating agreement of the			
	_	Islande Islam	Joh	nnie John	son
S	igna	ure of a member or authorized representative of a member			Printed or typed name of signee
pro the נסו	ovisi obl nege	ov accept the appointment as registered agent and agrouns of all statutes relative to the proper and complete igations of my position as registered agent as provided to the proper and complete its actions of my position as registered agent as provided to the registered office address, I writing of this change	performa	ince of my o	luties, and I am familiar with and accent
Sic	naul	re of Registered Agent			

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00