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COVER LETTER

~	istration Section ision of Corporations		
SUBJECT:	Sonlett Brand LLC		
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Nar	ne of Limited Lia	bility Company
Dear Sir or i	Madam:		
The enclosed	d Registered Agent/Registered Off	ice Change and fo	ce(s) are submitted for filing.
Please return	all correspondence concerning th	is matter to the fo	llowing:
Nelson Soler			
	Name of Person		_
Sonlett Branc	TLLC		
	Firm/Company		_
3891 Skyway	/ Ave		
	Address		-
North Port, F	L 34288		
	City/State and Zip Code		_
	lub@gmail.com		
E-mail	address: (to be used for future anr	nual report notifica	ation)
For further in	nformation concerning this matter,	, please call:	
Nelson Soler		470 at (848-0844
	Name of Person		Area Code & Daytime Telephone Number
<u>Mai</u>	ling Address:		Street Address:
Reg	istration Section		Registration Section
	ision of Corporations		Division of Corporations
	. Box 6327		The Centre of Tallahassee
Tall	ahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Encl	losed is a check for the following	amount:	
= \$2	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.

2. (a) Principal office address of limited liability company: (Note: MUST RE STREET ADDRESS) 3891 Skyway Ave North Port, FL 34288 North Port, FL 34288 North Port, FL 34288 O2/19/2024 L24000086741 3. Date of tiling/registration in Florida 4. Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Nelson Soler Registered Office Address 4263 Albacore Cir Port Charlotte (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: SEW Registered Office Address: 3891 Skyway Ave North Port FL 34288 If the limited liability company is not organized under the laws of the State of Florida, it is hereby confir change or changes are made, the Florida street address of the registered office and the business office of agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that was/were authorized by an affirmative vote of the members of the limited liability company or as otherw the articles of organization or the operating agreement of the limited liability company. Nelson Soler	
Principal office address of limited liability company: Mailing address of limited liability company: North Port, FL 34288 North Port, FL 34288	
North Port, FL 34288 02/19/2024 L24000086741 3. Date of filing/registration in Florida 4. Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Nelson Soler Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 4263 Albacore Cir Port Charlotte FL 33948 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: NetW Registered Office Address: 3891 Skyway Ave North Port FL 34288 If the Himited hiability company is not organized under the laws of the State of Florida, it is hereby confire change or changes are made, the Florida street address of the registered office and the business office of agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that was/were authorized by an affirmative vote of the members of the limited liability company or as otherw the articles of organization of the operating agreement of the limited liability company or as otherw the articles of organization of the operating agreement of the limited liability company.	ability company:
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Signature of a member or authorized representative of a member Printed or typed name of signature of a member Printed or typed name of a memb	ignee
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to provisions of all statutes relative to the proper and complete performance of my duties, and I am familia the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docum to merely reflect a change in the registered office address, I hereby confirm that the limited liability composition of this change.	o comply with the or with and accep- nent is being filed apany has been