L24000091351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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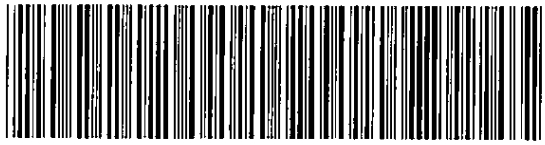

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HUMBLED HEARTS RECOVERY LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SHATRIL HARRIS
Name of Person

HUMBLED HEARTS RECOVERY LLC
Firm/Company

20520 NW 28TH AVENUE
Address

MIAMI GARDENS, FL 33056
City/State and Zip Code

shatrilharris@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHATRIL HARRIS at (305) 778-0490
Name of Person — Area Code & Daytime Telephone 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 810
Tallahassee, FL 32303

Enclosed is a check for the following 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. Name of the limited liability company: HUMBLED HEARTS RECOVERY LLC

2. (a) 25 SE 2ND AVE NUI
Principal office address of limited liability company
(Note: MUST BE STREET ADDRESS)
STE 550 #2029
MIAMI FL 33131

(b) 25 SE 2ND AVE NUI
Mailing address of limited liability company
(Note: MAY BE POST OFFICE BOX)
STE 550 #2029
MIAMI FL 33131

3. 02/21/2024
Date of filing registration in Florida

4. L24000003151
Document number

5. (a) ZLNBUSINESS INC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State
3961 COLLEGE AVE
Registered Office Address: *(MUST BE FLORIDA STREET ADDRESS)*
SUITE 501
DAVIE FL 33314

(b) PSM REGISTERED AGENT LLC
Enter name of NEW Registered Agent and/or NEW Registered Office address
25 SE 2ND AVE
NEW Registered Office Address
STE 550
MIAMI FL 33131

FILED
2024 JUL 10 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Shatrie Harris — SHATRIE HARRIS
Signature of a member or authorized representative of a member — Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of New Registered Agent

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