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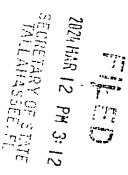
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Office Use Only



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03/12/24--01021--005 **25.00



COVER LETTER

TO: Registration Section Division of Corporations				
Suite Life Ventures LLC SUBJECT:				
	ne of Limited L	iability Company	_	
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Offi	ice Change and	fee(s) are submitted for filing.		
Please return all correspondence concerning thi	s matter to the	following:		
		Ü		
Tessie Gaa Castro				
Name of Person		<u> </u>		
Firm/Company	· · · · · ·	<u> </u>	202 SE	
3350 Putney Cl' Unit 1403				
Address		<u> </u>	2021 HAR 12 SEGRETAN TYALL AND	
Market CI 74112			AC P	
Naples, FL 34112		_		
City/State and Zip Code			- FE	
travelwithtess24@gmail.com	· · ·		111	
E-mail address: (to be used for future ann	ual report notit	ication)		
For further information concerning this matter,	please call:			
Tessie Gaa Castro	310 at (490-9062		
Name of Person	at (Area Code & Daytime Telephone Nur	nber	
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		
INHS18 (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.

	ame of the limited liability company:		,			
/	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			ailing address of limite		
	3350 Putney CT Unit 1403					
	Naples, FL 34112					
	2/26/24	1	.2400009699	7		
	Date of filing/registration in Florida	4.	D	ocument number		
(a)						
(4)	Registered Agent and Registered Office shown on the records UNITED STATES CORPORATION AGENTS, INC.	of the Florida	Dept. of State:			
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)				
	476 RIVERSIDE AVE.				(J)	20.
	JACKSONVILLE , I	32202			1386 3805	
	1	U	-		.≥	20 .
(b)						2
. ,	Enter name of NEW Registered Agent and/or NEW Register	ed OMce add	ress:		ins:	Pi-
	TESSIE GAA CASTRO					<i>ب</i> ن
					! <u>!</u> !**;	2
	NEW Registered Office Address:					
	NEW Registered Office Address: 3350 PUTNEY CT UNIT 1403					
		T. 34112				
nge nt v	3350 PUTNEY CT UNIT 1403	aws of the S ne registered liability cor s of the limited limited	state of Flori i office and npany, it is l ted liability ability comp	the business office nereby confirmed to company or as oth any.	of the re	gistered nange(s)
nge nt v s/w- art	NAPLES imited liability company is not organized under the learn changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the case of a provide the members in the case of a provide the c	aws of the S ne registered liability cor s of the limited limited	State of Florid office and npany, it is let the liability ability comp	the business office nereby confirmed to company or as oth any.	e of the re that the ch erwise pr	gistered nange(s)
nge nt v arti gna gna ere visi obi	NAPLES imited liability company is not organized under the le or changes are made, the Florida street address of the will be libertical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members.	aws of the S ne registered liability core s of the limited lim	State of Florid office and inpany, it is leted liability ability complete GAA CAS in this capacince of my duhapter 605,	the business office nereby confirmed to company or as oth any. STRO Printed or typed name titles, and I am fam fam fam fam fam fam fam fam fam	of the re that the ch erwise pr of signee e to comp tiliar with cument is	gistered nange(s) ovided in oly with th and acce being file

FILING FEE: \$25.00