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COVER LETTER ...

TO: Registration Section

INHS18 (2/14)

Division of Corporations					
SUBJECT:	Benda Law, PLLC				
Name of Limited Liability Company					
Dear Sir or N	Madam:				
The enclosed	d Registered Agent/Registered (Office Change a	nd fee(s) are submitted for filing.		
Please return	all correspondence concerning	g this matter to th	ne following:		
Kyle Benda					
	Name of Person				
Benda Law, I	PLLC				
	Firm/Company				
270 N. Broad	l St.				
	Address				
Brooksville, I	FL 34601				
	City/State and Zip Cod	le			
kyle@bendal			·		
E-mail	address: (to be used for future	annual report no	tification)		
For further in	nformation concerning this mat	ter, please call:			
Kyle Benda		at (352	, 232-5757		
	Name of Person	······································	Area Code & Daytime Telephone Number		
Mai	iling Address:		Street Address:		
	istration Section		Registration Section		
Divi	ision of Corporations		Division of Corporations		
P.O.	. Box 6327		The Centre of Tallahassee		
Tall	ahassee, FL 32314		2415 N. Monroe Street, Suite 810		
			Tallahassee, FL 32303		
Enc	losed is a check for the follow	ing amount:			
⊞ S∶	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)	270 N. Broad St., Brooksville, Ft. 34601	(b) 270 N. I	(b) 270 N. Broad St., Brooksville, FL 34601 Mailing address of limited liability company: **Note: MAY BE POST OFFICE BOX**)		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				
3.	03/25/2024 Date of filing/registration in Florida	L2400013	17400 Document number		
5. (a)			_		
	Registered Agent and Registered Office shown on the records o	f the Florida Dept. of Si			
	Kyle Benda)024 SE		
	Registered Office Address (MUST BE FLORIDA STREET	<u>ADDRESS)</u>	S F T		
	6002 Valley Spring Dr.		FILE SECRETE S		
	Brooksville , F	L_34601	[11-ma]		
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u> Kyle Benda	d Office address:	AH 8: 30		
	NEW Registered Office Address:				
	270 N. Broad St.		<u> </u>		
	Brooksville , F	L_34601	<u> </u>		
change agent was/w	limited liability company is not organized under the lactor changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registered office c iability company, it of the limited liabil	and the business office of the registered is hereby confirmed that the change(s) lity company or as otherwise provided in		
Signa	nure of a member of authorized representative of a member		Printed or typed name of signee		
provis the ob- to mer	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to act in this ca performance of m ed for in Chapter 60 hereby confirm tha	spacity. I further agree to comply with the v duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been		