L24000213568

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(Address)
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(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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Z	OVER LETTER
TO: Registration Section Division of Corporations	
Cash Flow Fund VII LLC SUBJECT:	
	imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this matte	er to the following:
Nicholas McCirue	
Name of Person	
Polymath Legal PC	
Firm/Company	
5777 W. Century Blvd. Ste 1125	
Address	
Los Angeles, CA 90045	
City/State and Zip Code	
admin@polymathlegal.com	
E-mail address: (to be used for future annual rep	ort notification)
For further information concerning this matter, please	call:
	833 931-6418
Name of Person) Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallabassia, EL 22203
	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 .0

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.

(a)	ame of the limited liability company: <u>Cash Flow Fun</u> 6081 Silver King Blvd. #103, Cape Coral, Florida 3391-	(b)_	5342 Clark Rd #3080, Sarasota, Florida 34233 Mailing address of limited liability company
	Principal office address of limited liability company: (<i>Note: MUST BE STREET ADDRESS</i>)		Mailing address of limited liability company (<u>Note: MAY BE POST OFFICE BOX</u>)
	May 13, 2024		24000213568
	Date of filing/registration in Florida	4.	Document number
(a)	Nate Armstrong		
		of the Florida D	
	Registered Office Address <u>(MUST BE FLORIDA STREE</u>		
	Registered Office Address (MUST BE FLORIDA STREE 6081 Silver King Blvd. #103 Cape Coral	T ADDRESS ₁	
(b)	6081 Silver King Blvd. #103 Cape Coral	<i>T ADDRESS)</i> FL_ ³³⁹¹⁴	
(b)	6081 Silver King Blvd. #103 Cape Coral Registered Agents Inc. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	<u>TADDRESS</u> FL_33914 Fed Office addr	TOTINOV IS PH 4:37
(b)	6081 Silver King Blvd. #103 Cape Coral Registered Agents Inc.	<u>TADDRESS</u> FL_33914 Fed Office addr	TOTINOV IS PH 4:37
(b)	6081 Silver King Blvd. #103 Cape Coral Registered Agents Inc. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	<u>T ADDRESS</u> FL_ ³³⁹¹⁴ FL_	TOTANOV IS PH 4: 37

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.

Nicholas McGrue Signature of a member or authorized representative of a member

Nicholas J. McGrue

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.

Nicholas McGrue

Signature of Registered Agent

Division of Corporations

P.O. Box 6327
Tallahassee, FL 32314 FILING FEE: \$25.00