## L24000 232380

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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## COVER LETTER

Division of Corporations	·
Renov Pros LLC SUBJECT:	
	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cl	hange and fee(s) are submitted for filing.
Please return all correspondence concerning this may	tter to the following:
Gluseppe Ricci	
Name of Person	
Renov Pros LLC	
Firm/Company	
953 Apollo Beach Blvd.	
Address	
Apollo Beach FL 33572	
City/State and Zip Code	
glu702@gmail.com	
E-mail address: (to be used for future annual re	eport notification)
For further information concerning this matter, pleas	se call:
Gluseppe Ricci at	970 4435293
Name of Person	Area Code & Daytime Telephone Numbe
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
	Tallahassee, FL 32303
Enclosed is a check for the following amo	unt:
■ \$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.

. Na	ame of the limited liability company:				
(a)	953 Apollo beach blvd unit 101	953Apollo beach blvd unit 101			
``	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	05/20/2024  Date of filing/registration in Florida	 - - 4.	1.2400023	2380 Document number	
(a)	Nat smith	7.		Document named	
·	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 7901 4th st N ste 300  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			ale	
	st-petersburg			<b>7</b> 0	
	, FL			2021, AUS	
<b>(b)</b>	Giuseppe Ricci			FILED NG-6 PM 3: 43	
(b)	Einter name of NEW Registered Agent and/or NEW Registered Office address				
	953 Apollo beach unit 101				
	NEW Registered Office Address: apollo beach			— <u>p</u> <b>ω</b> —	
	, FL	33572		<del>_</del>	
hange gent v ras/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an afterdative vote of the members of cles of organization of the operating agreement of the l	register bility co f the lim imited f	ed office a impany, it iited liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.	
Signal	ture of a member or authorized representative of a member			Frinted or typed name of signee	
rovisi e obl mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. I h I in writing of this change.	oerform Hor in G	ance of my hapter 60	duties, and Lam familiar with and accep 5 F.S. Or if this document is being filed	
renatu	PA STICLY re of Registered Agent				