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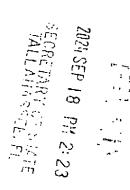
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer.				

Office Use Only



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09/18/24--01013--003 **25.00



COVER LETTER

TO: Registration Section Division of Corporations						
Built To Win Marketing, LLC SUBJECT:			•			
	Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Offi-	ce Change and fee(s	s) are submitted for filir	ng.			
Please return all correspondence concerning this	s matter to the follo	wing:				
			2021 SE			
Joel Lianes			TACRE			
Name of Person			18 18 P			
Built To Win Marketing, LLC			2021 SEP 18 PH 2: 23 SECRETARY SEED. 1:			
Firm/Company			2: 2:			
8835 SW 107th Avenue Suite 175						
Address						
Miami, FL 33176						
City/State and Zip Code						
joel734107@yahoo.com						
E-mail address: (to be used for future ann	al report notification	on)				
For further information concerning this matter,	please call:					
Joel Llanes	786 at ()	948-8361				
Name of Person		rea Code & Daytime To	elephone Number			
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	R D T 2-	treet Address: egistration Section livision of Corporatio he Centre of Tallahas 415 N. Monroe Street fallahassee, FL 32303	ssee t, Suite 810			
Enclosed is a check for the following	amount:					
■ \$25 Filing Fee	□ \$55 Fi	lling Fee & Certified C	opy			
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.

I. Na	ame of the limited liability company:	rketing, LLC			
2. (a)	8835 SW 107th Avenue	(b) 883:	(b) 8835 SW 107th Avenue		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	· · · / <u>- · · · · · · · · · · · · · · · · · · </u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Suite 175	Suite	: 175		
	Miami, FL 33176	Miar	ni, FL 33176		
	05/28/2024	L2400	00243945		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)			202' SF		
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept.	SECRE VIII		
	Joel Llanes				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	•••		
	13640 North Kendall Dr				
	Miami	33186	7:1, 2		
	,\\\		$\frac{1}{10}\omega$		
(b)	Joel Llanes				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office address:			
	8835 SW 107th Avenue				
	NEW Registered Office Address:				
	Suite 175				
	Miami	33176			
	, I*I	L- <u>,</u>			
change agent was/w	timited liability company is not organized under the la e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registered offi ability compan of the limited I	ice and the business office of the registered y, it is hereby confirmed that the change(s) iability company or as otherwise provided in y company.		
Signa	nture of a member of authorized representative of a member		Printed or typed name of signee		
provis the ob- to mer notifie	thy accept the appointment as registered agent and age 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.	i moeformanara i	d my duties and Lam familiae with and accent		