L24000264222

(Requestor's Name)							
(Address)							
(1-1-1-1)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
<u> </u>							
(Business Entity Name)							
(Document Number)							
Codified Cooler Codification of Status							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
Special manufactions to 1 mily Officer.							





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08/02/24--01013--008 ++25.00



13. HUNT 08/02/24

COVER LETTER

TO:		stration Section sion of Corporations							
SUBJE	ect.	1 & C TOTAL SOLUTION SER	VICES LLC						
(1)	LCI.	Name of Limited Liability Company							
Dear S	ir or N	Madam:							
The en	closed	Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.					
Please	return	all correspondence concerning	g this matter to the	following:					
Ignar G	ionzale	ez.							
		Name of Person		<u> </u>					
1&CT	ΓΟΤΑΙ.	SOLUTION SERVICES LLC				; ;;			
	•	Firm/Company			.				
2720 13	2th Av	e SE							
-		Address		_	į .	AH 8: 0:			
Naples,	, FL 34	117): 05			
		City/State and Zip Coc	le						
ictotals	olution	s@gmail.com							
E	E-mail	address: (to be used for future	annual report notif	ication)					
For fur	ther ir	nformation concerning this ma	tter, please call:						
Lisbeyo	di Gon:	zalez	239 at () 985-1600					
		Name of Person	u. (Area Code & Daytime Teler	phone Ni	.mber			
	Reg Divi P.O.	ling Address: istration Section sion of Corporations Box 6327		Street Address: Registration Section Division of Corporations The Centre of Tallahassee					
	Talla	ahassee, FL 32314		2415 N. Monroe Street, S	uite 810)			

Enclosed is a check for the following amount:

Tallahassee, FL 32303

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: 14 C 1917(1230) 2720 12th Ave SE		1.	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
	Naples, FL 34117	_		
	07/26/2024		L2400026	4222
i.	Date of filing/registration in Florida	4.		Document number
(a)	LORENZO JASSAN VERDERCIA			
. (a)	Registered Agent and Registered Office shown on the records of	tate:		
	1823 43RD ST SW			
	Registered Office Address (MUST BE FLORIDA STREET)			
(b)	Naples , FL	34116		
	LORENZO JASSAN VERDECIA			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	— FL 65		
	1823 43RD ST SW			
	NEW Registered Office Address:			
	Naples	34116		
:hange igent v vas/we he arti	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 affirmative vote of the members of feles of organization or the operating agreement of the	ws of the register ability co of the lin limited	red office a ompany, it nited liabil liability co	and the business office of the registered tis hereby confirmed that the change(s) lity company or as otherwise provided in ompany.
Signa	ture of unember or authorized representative of a member		ar Gonzalez	Printed or typed name of signee
l here provisi he obl o mere	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I have alwriting of this change.	ee to ac perforn d for in hereby c	t in this ca nance of m Chapter 60 confirm tha	ipacity. I further agree to comply with the y duties, and I am familiar with and accep 05, F.S. Or, if this document is being filed at the limited liability company has been
Signatu	re of Registered Agent			