## LAYOOD 34600Q

(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.					
	J. HORNE				
	J. HORNE DEC 1 1 2024				

Office Use Only



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## COVER LETTER

SUBJECT:			
Name o	f Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office (	Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this m	natter to the following:		
Nicholas McGrue			
Name of Person	<del></del>		
Polymath Legal PC			
Firm/Company			
5777 W. Century Blvd. Ste 1125			
Address			
Los Angeles, CA 90045			
City/State and Zip Code			
admin@polymathlegal.com	( <del></del>		
E-mail address: (to be used for future annual	report notification)		
For further information concerning this matter, plo	ease call:		
Tannya Rebecca	833 931-6418 at ()		
Name of Person	Area Code & Daytime Telephone Numbe		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enclosed is a check for the following an	nount:		
S25 Filing Fee	S55 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.

1. Na	ume of the limited liability company:  Price Machine a	nd Tool Re	al Estate LLO	: 
	6081 Silver King Blvd. #103. Cape Coral, Florida 33914	(b	5342 Clark	: Rd #3080, Sarasota, Florida 34233
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(0	,	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	August 7, 2024		L240003460	
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Nate Armstrong			
<i>J.</i> (a)	Registered Agent and Registered Office shown on the records o	f the Florida	Dept. of State	2024 N
	Registered Office Address	ADDRESS	2	FILE
	Cape Coral F	L_33914		
(b)	Registered Agents Inc			5: 28
`	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	<u>ed Office ad</u>	<u>dress</u> :	
	NEW Registered Office Address:	<u>-</u>		-
	7901 4th St N STE 300	<u>-</u>		-
	St. Petersburg, F	L 33702	_	-
change agent was/w	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	c registere liability co of the lim	ed office and impany, it is lited liability	s hereby confirmed that the change(s) y company or as otherwise provided in
	Nicholas . McGrus	Nicl	nolas J. McG	
	•			Printed or typed name of signee
provis the ob- to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and completeligations of my position as registered agent as providely reflect a change in the registered office address. It is writing of this change.	gree to act e performe led for in C I hereby co	in this cape ance of my o Chapter 605 onfirm that i	icity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Seent