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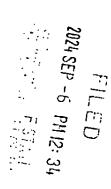
(Requestor's Name)
(Address)
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PICK-UP . WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

Division of Corporations					
Florida Momentums Holding LLC SUBJECT:					
Name	Florida Momentums Holding LLC Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this	matter to the following:				
ILI J. SUBHAN					
Name of Person					
Subhan Law Office, LLC					
Firm/Company					
250 E Wisconsin Ave. Suite 1800					
Address					
Milwaukee, WI 53202					
City/State and Zip Code					
info@subhanlaw.com					
E-mail address: (to be used for future annua	al report notification)				
For further information concerning this matter, p	lease call:				
ILI J. SUBHAN	+1 414-223-5718 _ at ()				
Name of Person	Area Code & Daytime Telephone Number				
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 a	mount:				
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				
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.

) .	7901 4th N STE 300, St. Petersburg, FL 33702		(b)	7901 4th N STE 300, St. Petersburg, FL 33702
•	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	、 -/.	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
		-	-	
	August 13, 2024		L:	L24000354512
)	Date of filing/registration in Florida Registered Agents Inc	4.		Document number
	Registered Agent and Registered Office shown on the records of the 7901 4th N STE 400	ie Flori	da D	a Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET A	DDRE.	SS)	2021
	St. Petersburg , FL 3	33702		2024 SEP -6 PM 12: 34 F STAIL F STAIL
	Registered Agents Inc			6 PP CD
	Enter name of NEW Registered Agent and/or NEW Registered C	Office :	<u>ıddr</u>	idress:
	Registered Agents Inc			2 3 4 S
	NEW Registered Office Address: 7901 4th N STE 300	•		
	St. Petersburg , FL ³	33702		
e w ve tic	mited liability company is not organized under the laws or changes are made, the Florida street address of the roll be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liable. Subhan ure of a member or authorized representative of a member	egiste oility of the li imited	ered com mite I lial	ed office and the business office of the registere ompany, it is hereby confirmed that the change(nited liability company or as otherwise provided
eb sid bli ere	by accept the appointment as registered agent and agre- ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I he I in writing of this change,	e to a erfori for in ereby	ct in nan Ch conj	t in this capacity. I further agree to comply with

Signature of Registered Agent