L24000393178

(Re	equestor's Name)	
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☐ PICK-UP	MAIT	MAIL
(Bu	siness Entity Name)
(Document Number)		
Certified Copies	_ Certificates o	f Status
Special Instructions to Filing Officer:		
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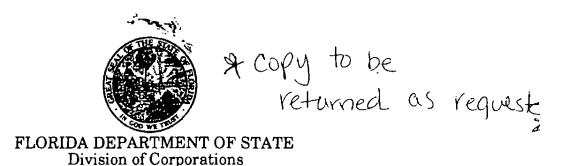
Office Use Only



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2024 NOV 18 PM 2: 43
SECRETARY OF STATE
TALL ADARGEE FOR



October 25, 2024

* kytherine

KARTHERINE TRACY FINNEY 4378 BEACAN LIGHT ROAD EDGEWATER, FL 32141

SUBJECT: EXTREMELY EFFICIENT KATE LLC

Ref. Number: L24000393178

We have received your document for EXTREMELY EFFICIENT KATE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

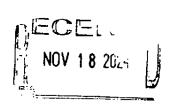
The form you submitted is for a CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

SHANTELL BROWN Regulatory Specialist II

Letter Number: 724A00023575



COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT: Extremely Efficient Kate, LLC
Name of 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 matter to the following:

Name of Person

Extremely Efficient KATE, LLC
Firm/Company

4378 Beacon Light Road
Address

Edgewater FL 32141-7002

City/State and Zip Code

Truthcompossinc @ gmail com

E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Katherine T. Finney at (386, 444-8747

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 amount:

1 \$25 Filing Fee Copy of check that was Sent INHS18 (2/14) before is enclosed

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 of	fice or registered agent, or both, in the State of Florida.
1. Name of the limited liability company: Extremel 2. (a) 4378 Beacon Light Road	y Efficient Kate, LLC (b) 4378 Beacon light Rose
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
4378 Beacon Light Road Ednewater FL 32141	H378 Beacon Light Road Edgewater FL 32141
conewarer 12 30111	124 262 2
3. Date of filing/registration in Florida4_	Document number
5. (a) Tennifer Rurch Registered Agent and Registered Office shown on the records of the Flo	rida Dept. of State:
Registered Office Address MUST BE FLORIDA STREET ADDR	Road
(b) Katherine T. Finey Enter name of NEW Registered Agent and/or NEW Registered Office	SECULE TALL AND P
4378 Beaun Light NEW Registered Office Address: [Edgewater FL	Roed R. 53
	3214/
If the limited liability company is not organized under the laws of change or changes are made, the Florida street address of the regis agent will be identical. Or, in the case of a Florida limited liability was/were authorized by an affirmative vote of the members of the the articles of organization or the operating agreement of the limit	y company, it is hereby confirmed that the change(s) limited liability company or as otherwise provided in
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete perfet the obligations of my position as registered agent as provided for to merely reflect a change in the registered office address, I hereby notified in writing of this change.	to the same I further gares to comply with the
Signature of Registered Agent	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

**Copy of check all ready paid

* deposited by the state.