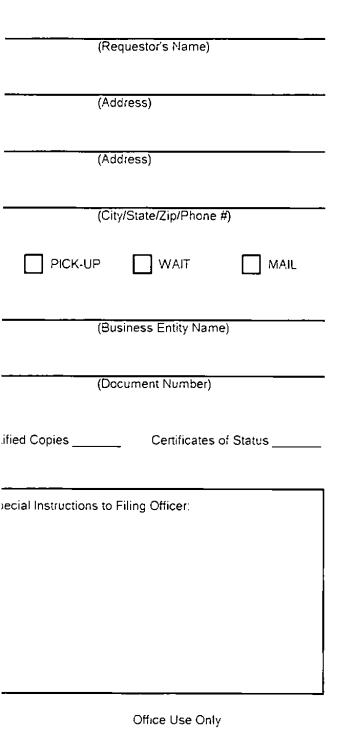


## -24 000 449 266





500439499115

11/14/24--01019--028 \*\*25.00

SECRE LARY OF STATE

## **COVER LETTER**

|                   | istration Section ision of Corporations   |                      |  |  |  |  |
|-------------------|---|----------------------|--|--|--|--|
| JBJECT:           | NO RATS IN DA TRAP LLC  |                      |  |  |  |  |
| , 5, 5, 5, 1, 1   | Name of Limited Liability Company   |                      |  |  |  |  |
| ear Sir or        | Madam:  |                      |  |  |  |  |
| ie enclose        | d Registered Agent/Registered   | Office Change and    | d fee(s) are submitted for filing.   |  |  |  |
| ease retur        | n all correspondence concerning   | g this matter to the | following:   |  |  |  |
| lam Saulte        | ers   |                      |  |  |  |  |
|                   | Name of Person  |                      |  |  |  |  |
| nBusiness         | Inc.  |                      |  |  |  |  |
|                   | Firm/Company  |                      | <del></del>  |  |  |  |
| 6 E. Colle        | ge Ave. Suite 301   |                      |  |  |  |  |
|                   | Address   |                      | <del></del>  |  |  |  |
| dlahassee,        | FL 32301  |                      |  |  |  |  |
|                   | City/State and Zip Coo  | ie                   |  |  |  |  |
| @zenbusir         | ess.com   |                      |  |  |  |  |
| E-mai             | l address: (to be used for future   | annual report noti   | fication)  |  |  |  |
| or further        | information concerning this ma  | tter, please call:   |  |  |  |  |
| Jam Saulte        | ers   | 844<br>at (          | 493-6249   |  |  |  |
|                   | Name of Person  | at (                 | Area Code & Daytime Telephone Number   |  |  |  |
| Reg<br>Div<br>P.C | gistration Section<br>vision of Corporations<br>D. Box 6327<br>lahassee, FL 32314 |                      | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |  |  |  |
| Enc               | closed is a check for the follow  | ving amount:         |  |  |  |  |
| € \$              | \$25 Filing Fee   | <b>-</b> 5           | \$55 Filing Fee & Certified Copy   |  |  |  |
| HS18 (2/1         | 4)  |                      |  |  |  |  |

## TATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

rsuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company bmits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

| Na                            | me of the limited liability company: NO RATS IN DA  | TRAPL  | LC   |   |  |  |  |
|-------------------------------|---|--|--|---|--|--|--|
| (a)                           | 800 NORTH FISKE ROLL EVARD  |  | (b) 800 NORTH FISKE BOULEVARD  Mailing address of limited liability company:  (Nate: MAY BE POST OFFICE BOX) |   |  |  |  |
| (α)                           |   |  |  |   |  |  |  |
|                               | APT 411   | _  | COCOA.1  | FL 32922  |  |  |  |
|                               | COCOA, FL 32922   |  |  |   |  |  |  |
|                               | 10/22/2024  |  | 1.24000449   | 266   |  |  |  |
|                               | Date of filing/registration in Florida  | 4.   |  | Document number   |  |  |  |
| (a)                           | JONES, RENE   |  |  |   |  |  |  |
| ŀ                             | Registered Agent and Registered Office shown on the records of 1301 JACKSON ST  | he Florida                                       | Dept. of Stat  | e:  |  |  |  |
|                               | Registered Office Address (MUST BE FLORIDA STREET)  | 1DDRESS  | <u> </u>   | <del>-</del>  |  |  |  |
|                               | 16  |  |  |   |  |  |  |
|                               | COCOA , FL  | 32922  |  | 2024 N<br>SECR<br>TAL   |  |  |  |
| (b) _                         | ZenBusiness Inc.  |  |  | FIL<br>1024 NOV 14<br>SECRETAR<br>TALLAHA   |  |  |  |
|                               | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>  | Office ad  | dress:   | استسار کی ا   |  |  |  |
|                               | 336 E. College Ave. Suite 301   |  |  | PM 12: 34 OF STATE SEE, FL  |  |  |  |
|                               | NEW Registered Office Address:  |  |  | 변설<br>  |  |  |  |
|                               | Tallahassee   | 32301  |  | _   |  |  |  |
|                               | FI.   | .,2.,01  |  | _   |  |  |  |
| ange<br>ent v<br>is/we        | imited liability company is not organized under the law<br>or changes are made, the Florida street address of the<br>will be identical. Or, in the case of a Florida limited lia-<br>ere authorized by an affirmative vote of the members of<br>cles of organization or the operating agreement of the    | registere<br>bility co<br>f the lim<br>limited l | ed office an<br>mpany, it is<br>ited liabilit<br>iability con  | of the business office of the registered<br>s hereby confirmed that the change(s)<br>by company or as otherwise provided in |  |  |  |
| Siena                         | /s/ Rene Jones ture of a member or authorized representative of a member  | - Ken  | e Jones  | Printed or typed name of signee   |  |  |  |
| herei<br>ovisi<br>obl<br>mere | by accept the appointment as registered agent and agr<br>ons of all statutes relative to the proper and complete<br>ligations of my position as registered agent as provided<br>ely reflect a change in the registered office address, I have a change in the registered office address, I have a change. | ee to act<br>perform<br>I for in (<br>sereby co  | in this cape<br>ince of my<br>Chapter 605<br>onfirm that   | acity. I further agree to comply with the   |  |  |  |