M18 00000 5421

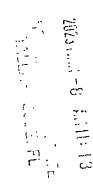
(Re	(Requestor's Name)					
(Ad	dress)					
•	•					
(Address)						
(Cit	y/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Nan	ne)				
	cument Number)					
(50	current Harriser,					
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						

Office Use Only



700404130837

03/08/23--01020--026 **55.00



COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ	Contabilitate Asset Management LLC					
3000	Name of Limited Liability Company					
Dear S	Sir or Madam;					
The er	nclosed Registered Agent/Registered Offic	e Change and	I fee(s) are submitted for fili	ng.		
Please	return all correspondence concerning this	matter to the	following:			
Lumin	ita I lorgu					
-	Name of Person		_			
Contab	pilitate Asset Management LLC					
	Firm/Company			5		
200 W	. 34th Ave. #77			* .		
	Address			. c		
Anchorage, AK 99503				<u> </u>		
	City/State and Zip Code			r : ; ;		
Iumini	taiorgu@gmail.com					
Ī	E-mail address: (to be used for future annu	ial report notif	fication)			
For fu	rther information concerning this matter, p	olease call:				
Lumin	ita lorgu	260 at (726-0545			
	Name of Person	(Area Code & Daytime To	elephone 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	amount:	,			
	□ \$25 Filing Fee	b/s	/ 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.

1. N	ame of the limited liability company:	set Manageme	nt LLC		
2. (a)	200 W. 34th Ave. #977, Anchorage, AK 99503	(b) _	(b) 103 N Main St. Norwood NY 13668		
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	02/22/2019	-	8000005421		
3.	Date of filing/registration in Florida Gabriela Ghigiu	4.	Document number		
5. (a)	·				
	Registered Agent and Registered Office shown on the records of 1629 Leisure Dr #M35	The Florida De			
	Registered Office Address <u>(MUST BE FLORIDA STREET</u>	2023			
	Bradenton, Fl	34207			
(b)	Svetlana Breslau				
(0)	Enter name of NEW Registered Agent and/or NEW Registered	l Office addres	$\frac{1}{s}$ $\frac{1}{s}$ $\frac{1}{c}$ $\frac{1}{c}$		
	4405 Beauchamp Ct				
	NEW Registered Office Address:	•			
					
	Sarasota, FI	_34243 			
change agent was/w	imited liability company is not organized under the large or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited like ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registered o ability compa of the limited limited liabi	ffice and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company.		
Signs	SHIP	Luminita			
I here provis the ob- to mer	nure of a member or authorized representative of a member by accept the appointment as registered agent and agrions of all statutes velative to the proper and complete ligations of my position as registered agent as provide elv reflect a change in the registered office address. It do not this change.	ree to act in t performance d for in Chap hereby confir	Printed or typed name of signee his capacity. I further agree to comply with the r of my duties, and I am familiar with and accept ner 605, F.S. Or, if this document is being filed rm that the limited liability company has been		
Signati	ire of Registered Agent				