M 19 00000 9556

(Requestor's Name)					
(Address)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(Business Entity Name)					
(Document Number)					
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06/21/22--01015--022 **25.00

THEED 2022 JUN 21 PH 1: 42 TALLARIASSEE, FLORIDA

SEP - 9 2022 S. PRATHE **COVER LETTER**

TO: **Registration Section Division of Corporations**

PSC Custom, SUBJECT:

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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:

ona Name of Person

Firm/Company

Broad St. Ste 308 Address

Frinn, De 19709 iddh Sitv/State and Zip Code

Ktyona. Hopkins() 9014 (200). Com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kenono

Mailing Address:

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

at (302 3710-10710

Area Code & Daytime Telephone Number

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:

Jar \$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

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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	me of the limited liability company:	n.llc				
2. (a)	1145 CONGYESS PAVKWANN. Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)	· (b) <u> </u>	5 Congress Mailing address of limited (Note: MAY BE POST	l liability company		
	Athens, TN 37303	Ath	rens, TN 373	303		
			<u></u>			
3.	Date of filing/registration in Florida	4.	Document number	<u> </u>		
5. (a)	CT COrporation system					
	Registered Agent and Registered Office shown on the records of the 1	-	ate:			
	1200 South Pine ISland Roc Registered Office Address MUST BE FLORIDA STREET ADD					
		<u>/////////////////////////////////////</u>		T .		
	Plantation, FL	33324	_	LL AHA	1 Z NUF 2202	
ው	NRAL Services, Inc.				N 2	<u> </u>
	Enter name of NEW Registered Agent and/or NEW Registered Off	lice address:	-		₽ Pi⁄a	
	1700 South Ding Island Right	al		FLOR	<u> </u>	<u> </u>
	1200 South pine Island Road	1				
				£-		
			_			
	Plantation, FL 3	3324	_			
change agent w	nited liability company is not organized under the laws o or changes are made, the Florida street address of the regi ill be identical. Or, in the case of a Florida limited liability or orthogonal strengther and the streng	istered office ar ty company, it i	nd the business office o is hereby confirmed that	of the registered at the change(s)	1)	
the artic	e authorized by an affirmative vote of the members of the les of organization or the operating agreement of the limit	ited liability cor	npany.	wise provided	IN	
	re of a member or authorized representative of a member	Adionic	Tio Gonzalez Printed or typed name of	+ 		
I hereb provisio the oblig to merel	y accept the appointment as registered agent and agree to ns of all statutes relative to the proper and complete perf vations of my position as registered agent as provided for y reflect a change in the registered office address, I here in writing of this change.	formance of my r in Chapter 60:	acity. I further agree t duties, and I am famili S. F.S. Or, if this docu	to comply with ar with and ac ment is being fi	cept iled	
Signature	Ma top					

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