14000012021

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.

Office Use Only



200371802602

7021 CTI -4 AM IO: OO

2021 OCT -4 PK 12: 10

RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	: 1200000019	5
	REFERENCE	: 015937	7861390
	AUTHORIZATION	: Smell de	al .
	COST LIMIT	: \$ 25.00	
ORDER DATE :	September 20, 20	21	
ORDER TIME :	9:55 AM		
ORDER NO. :	015937-010		
CUSTOMER NO:	7861390		
	CHANGE OF A	GENT	
NAME:	BIZTEL LLC		
PLEASE RETURN	THE FOLLOWING AS	PROOF OF FILIN	G:
CERTIF XX PLAIN			
CONTACT PERSON	: Alexxis Weilar	nd	

EXAMINER'S INITIALS:

.

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.

ess of limited liability company: AY BE POST OFFICE BOX) Lane Suite 100 t number		
ess of limited liability company: AY BE POST OFFICE BOX) Lane Suite 100		
t number		
t number		
202		
FT IL		
AR		
<i>(</i>)		
AH I		
MID: 00 OF STATE SEE, FL		
harahu aan Gamad shusu Gaarsh		
hereby confirmed that after these office of the registered onfirmed that the change(s) or as otherwise provided in		
Jill Cilmi, Authorized Person Printed or typed name of signee		
ther agree to comply with the I am familiar with and accept if this document is being filed liability company has been		

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00