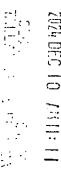
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Office Use Only



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COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	Peak Activity, LLC		
		Name of Limited	Liability Company
Dear Sir	or Madam:		
The encl	losed Registered Agent/Registere	d Office Change an	d fee(s) are submitted for filing.
Please re	eturn all correspondence concerni	ng this matter to th	e following:
Justin Be	ennett		
	Name of Person		
Helen S.	Bennett, P.A.		
	Firm/Company		
7050 W.	Palmetto Park Rd. 15-249		
	Address		<u> </u>
Boca Rat	ton, FL 33433		
	City/State and Zip C	ode	
jbennett@	Sservingtheworld.net		
E-1	mail address: (to be used for futur	re annual report not	ification)
For furth	ner information concerning this m	atter, please call:	
Justin Be	nnett, Esq.	954	261-2266
	Name of Person	at (Area Code & Daytime Telephone Number
]	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
]	P.O. Box 6327		The Centre of Tallahassee
•	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
1	Enclosed is a check for the follo	wing amount:	
	□ \$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

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.

a)			(b)			
	Principal office address of limited liability comp (Note: MUST RE STREET ADDRESS)	pany:		_	ss of fimited liability comp	-
	3100 Ray Ferrero Jr. Blvd., Suite 5003C			3100 Ray Ferrero Jr. B	lvd., Suite 5003C	
	Davie, FL 33314		,	Davie, FL 33314		
	01/04/2022		N	122000000200		
	Date of filing/registration in Florida	4.	_	Document	number	
(a)	C T Corporation System					
(a)	Registered Agent and Registered Office shown on the re	ecords of the Flor	ida I	Dept. of State:	- 63	
	1200 Pine Island Rd.				2	
	Registered Office Address (MUST BE FLORIDA S	TREET ADDRE	<u>\$\$</u>	 	2074 950	•
	Plantation	, FL_33324			ပ က	·
					,	
b)	Helen S. Bennett, P.A.				· · · · · ·	
	Enter name of NEW Registered Agent and/or NEW R	egistered Office	addı	res:		
	7050 W. Palmett Park Rd.					
	NEW Registered Office Address:	•				
	15-249					
	Boca Raton	, FL ³³⁴³³				
nge nt v	imited liability company is not organized under or changes are made, the Florida street addres vill be identical. Or, in the case of a Florida line ere authorized by an affirmative vote of the me	s of the registe nited liability mbers of the li	com com	office and the busine pany, it is hereby con ed liability company ability company.	ess office of the registentimed that the change or as otherwise provides	ered ge(s)
				Manish Hirapa		
	ture of a member or authorized representative of a member by accept the appointment as registered agent ons of all statutes relative to the proper and co- ligations of my position as registered agent as party reflect a change in the registered office add		ect ii man i Ch con	-	ped name of signee her agree to comply w I am familiar with and f this document is bei liability company has	vith t d acc ng fil beer

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