Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220001349013)))



H220001349013ABCW

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (855)330-1010

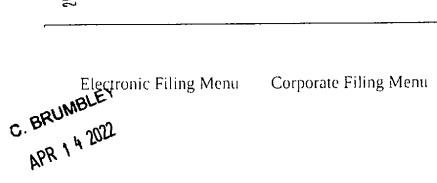
\*\*Enter the email address for this business entity to be used for future  $\omega$  annual report mailings. Enter only one email address please.\*\*

Email	Address:		
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **SWEAT EQUITY OF FLORIDA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Help



## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

## SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of		
State: Sweat equity LLC		
State: Ovoda odovi) ==0		
Enter new principal office address, if applicable:	<del></del>	
(Principal office address  MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	<del> </del>	
(Mailing address MAY BE A POST OFFICE BOX)	. 2	
MAT BE A POST OFFICE BOX	122	
	2022 APR 1	
2. The Florida document number of this limited liability company is: M22000001249		
3. Jurisdiction of its organization: Wyoming		
4. Date authorized to do business in Florida: 01/26/2022	<u> </u>	
SECTION II (5-9 complete only the applicable changes)	8	
·		
5. New name of the limited liability company: (must contain "Limited Liability Company, ""L.L	C. " or "LLC.")	
(must contain Entired Enterty Company, See	,	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Flo copy of the written consent of the managers or managing members adopting the alternate name, must contain "Limited Liability Company," "L.L.C." or "LLC.")	orida and attach a The alternate name	
6. If amending the registered agent and/or registered officer address on our records, enter the na registered agent and/or the new registered office address here:	me of the new	
Name of New Registered Agent:		
New Registered Office Address:	187117	
Enter Florida Street Addre	,22,	
Florida	, Florida City Zip Code	
City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree to act in this capacity. I further a the provisions of all statutes relative to the proper and complete performance of my duties, and and accept the obligations of my position as registered agent as provided for in Chapter 605, F. document is being filed to merely reflect a change in the registered office address, I hereby conflictly company has been notified in writing of this change.	I am familiar with .S. Or, if this	

Title/ Capacity	<u>Name</u>	Address <u>1</u>	vpe of Action
<u>IEM</u>	Brittany Cox	4105 Sawgrass Blvd	⊠Add
		New Port Richey FL 34653	□Remo
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aforemention	inder the law of which this entity is or	by the official having custody of records in the	Reino

Filing Fee: \$25.00