M23000000143

Office Use Only



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COVER LETTER

Mazatlan Escape LLC SUBJECT:		
	ame of Limited Lia	bility Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered (Office Change and f	ee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the fo	llowing:
Kim Miller		
Name of Person		_
Mazatlan Escape LLC		
Firm/Company		_
6671 West Indiantown Road #50-222		
Address		_
Jupiter FL 33458		
City/State and Zip Code	:	_
kimmiller12345@gmail.com		
E-mail address: (to be used for future a	nnual report notific	ution)
For further information concerning this matt	er, please call:	
Kim Miller	805 at (479-2977
Name of Person		Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address: Registration Section Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the followi	ng amount:	
■ \$25 Filing Fee	□ \$55	Filing Fee & Certified Copy

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. Na	me of the limited liability company:	LLC			
	Mazatlan Escape LLC		(b) Mazatlan Escape LLC		
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			dailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	6671 West Indiantown Road #50-222		44236 20th	Street East	
	Jupiter FL 33458	_ 	Lancaster (IA 93535	
•	January 4, 2023		M23000000	143	
3.	Date of filing/registration in Florida	— 4.		Document number	
5. (a)	Cogency Global				
J. (a)	Registered Agent and Registered Office shown on the records of	the Flo	rida Dept, of State	- ::	
	Cogency Global				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			•	
	115 N. Calhoun Street, Suite #4				
	Tallahassee	3230			
	, FI	L <u>'</u>	_		
(b)	Kim Miller				
(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office	address:		
				, ,	
	Kim Miller			. · · · · · · · · · · · · · · · · · · ·	
	NEW Registered Office Address:			: -	
	6671 West Indiantown Road #50-222			-	
				<u>.</u>	
	Jupiter , FI	_33458 L	₹	(-3	
change agent w was/we	imited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liter authorized by an affirmative vote of the members of the organization or the operating agreement of the	regist ability of the limite	ered office and company, it is limited liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
Signat	ture of a member or authorized representative of a member	_		Printed or typed name of signee	
provision the obli- to merc notifies	by accept the appointment as registered agent and agrouns of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect genange in the registered office address, I will mariting of this change.	ree to o perfoi ed för i hereby	act in this capa mance of my d n Chapter 605, confirm that t	ecity. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been	