## M2300015115

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(additional analysis)
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## 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.

2. (a)	15311 OLD HWY 441, STE. A		(b) 15311 OLD HWY 441, STE. A			
(u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(0)	_ ,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	TAVARES, FL 32778		TAVA	ARES, FL 32778		
	11/27/2023		M23000	0015115		
3.	Date of filing/registration in Florida	_ 4.		Document number		
5. (a	C T CORPORATION SYSTEM					
). (α	Registered Agent and Registered Office shown on the records o	the Flor	ida Dept. of	of State:		
	1200 SOUTH PINE ISLAND ROAD					
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	ESS)	<del></del>		
	PLANTATION , FL 33324					
(b)	Telos Legal Corp.					
	Enter name of NEW Registered Agent and/or NEW Registere					
,	Eller hame of NEW Registered Agent alicon 142W Registere	1 Office	<u>address</u> :			
•	155 Office Plaza Dr	<u>1 Office</u>	<u>address</u> :	<b>8</b> 5 8		
•	-	1 Office	address:	2024 DEC SEC TALL		
•	155 Office Plaza Dr	32301	address:	2024 DEC 18 P	Tang J. K. Tangara Tangara Tangara	
•	155 Office Plaza Dr  NEW Registered Office Address:		address:	- SSE PA	1 F	
If the chang agent was/w	155 Office Plaza Dr  NEW Registered Office Address:  Tallahassee	32301 ws of t regist ability	he State of ered office company, imited liab	of Florida, it is hereby confirmed that the and the business office of the legist, it is hereby confirmed that the changability company or as otherwise provide	after thered ge(s)	
f the chang agent was/w	155 Office Plaza Dr  NEW Registered Office Address:  Tallahassee	32301 ws of t regist ability of the l	he State of ered office company, imited liab	of Florida, it is hereby confirmed that the and the business office of the legister, it is hereby confirmed that the changability company or as otherwise provide company.	after thered ge(s)	

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

notified in writing of this change.

Signature of Registered Agent

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