Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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**Enter the email address for this business entity to be used for fugure annual report mailings. Enter only one email address please. **

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LLC REGISTERED AGENT CHANGE LIMITLESS MERCHANT SERVICES, LLC

Certificate of Status	0	
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Page Count	02	
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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.

1. N	ame of the limited liability com	pany: LIMITLESS MER	RCHAN	T 5	SERVICES, LLC
2. (a)			((b)	
	Principal office address of li (Note: MUST BE ST.		···		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	100 ASHLEY DRIVE SUITE	[‡] 600			2200 E. WILLIAMS FIELD RD #200
	TAMPA, FL 33602		_		GILBERT, AZ 85295
	09/25/2018			l.	.18000229657
3.	Date of filing/registra	tion in Florida	4.		Document number
5. (a)					
J. (u,	Registered Agent and Registered Of SUNDOC FILINGS INCORPO		he Florid	da I	Dept. of State:
Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 3458 LAKESHORE DRIVE					
	TALLAHASSEE	, FL	32312		2025 TAI:
(b)	Enter name of NEW Registered Ag United Agent Group Inc.				
	NEW Registered Office Address:	77.1 646.415			
	801 US Highway 1				10:. 2
	North Palm Beach	FL	33408		
change agent was/w	limited liability company is not e or changes are made, the Florwill be identical. Or, in the case	organized under the law ida street address of the i e of a Florida limited lial e vote of the members of	register bility c f the lir	red com mit	itate of Florida, it is hereby confirmed that after the office and the business office of the registered apany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in bility company.
	egan Blizzard		Mo	zgai	n Blizzard, Attorney-in-Fact
-	iture of a member or authorized repres				Printed or typed name of signee
provis the ob to mer	ions of all statutes relative to th ligations of my position as regi:	e proper and complete patered agent as provided	perforn För in	nan Ch	n this capacity. I further agree to comply with the ace of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been
	egan Blizzard	Megan Blizzard, Specia	al Secr	reta	ary
Signati	are of Registered Agent				