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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number

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

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LLC REGISTERED AGENT CHANGE SPREADTICS LLC

Certificate of Status	0
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY $\frac{1}{2}$

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

Name of the limited liability company: St 13	READTICS L	
Principal office address of limited liability com (Note: MUST BE STREET ADDRESS)	pany;	Mailing address of fimited liability company: (Note: MAY BE POST OFFICE BOX)
10/08/2019	L1	9000252923
Date of filing/registration in Florida	4.	Document number
Northwest Desistand Asset LLC		
(a) Northwest Registered Agent LLC Registered Agent and Registered Office shown on the 1 7901 4th St N	records of the Florida Dep	(5. 5.
Registered Office Address (MUST BE FLORIDA	021 TA	
STE 300		
St. Petersburg	_{. FL} 33702	2021 OCT 15 ************************************
(b) Registered Agents Inc. Enter name of NEW Registered Agent and/or NEW I	MII0: 2	
7901 4th St N		: 'S
NEW Registered Office Address:		
STE 300		
St. Petersburg	FL_33702	
the limited liability company is not organized und the change or changes are made, the Florida street acgent will be identical. Or, in the case of a Florida lawwere authorized by an affirmative vote of the magneticles of organization or the operating agreement.	ddress of the register- limited liability comp tembers of the limited ent of the limited liab	ed office and the business office of the registere nany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in lility company.
Signature of a member or authorized representative of a mem	Park Printed or typed name of signee	
hereby accept the appointment as registered agen rovisions of all statutes relative to the proper and of the obligations of my position as registered agent as to merely reflect a change in the registered office ac outified in writing of this change.	t and agree to act in complete performanc s provided for in Cha	this capacity. I further agree to comply with the of my duties, and I am familiar with and accepter 605, F.S. Or, if this document is being file from that the limited liability company has been

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

Signature of Registered Agent

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