8/11/25, 10:04 AM

Division of Corporations

## Florida Department of State Distrion of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

Émail	Address:			
-			 	

## LLC REGISTERED AGENT CHANGE MENTON VOICE, LLC

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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.

L. Na	ime of the limited liability company: Menton Voice, LLC			
2. (a)		(b)	)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		.\	Anting address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	7901 4th St N STE 300	13720 Old St. Augustine Rd Ste 8-309		
	St. Petersburg FL 33702		Jacksonville FL 32258	
	01/29/2021	I	.2100005313	37
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	MENTON, RICHARD A. IV			
5. (u)	Registered Agent and Registered Office shown on the records of th	:		
	Registered Office Address (MUST BE FLORIDA STREET AI			
	7518 INTERNATIONAL VILLAGE DR			
	JACKSONVILLE	32277		2:
{(b)	Northwest Registered Agent LLC	2025 AUG 1 1		
	Enter name of NEW Registered Agent and/or NEW Registered C			
	7901 4th St N	LED PH		
	NEW Registered Office Address:	•	2:	
	STE 300			် က ယ
	St. Petersburg, FL	3702		
the cha agent w was/wo	mited liability company is not organized under the lawsinge or changes are made, the Florida street address of the till be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liability.	he regis bility co `the limi	tered office mpany, it is ted liability ability com	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
Signat	ure of a member or authorized representative of a member			Printed or typed name of signee
provisi the obli to mere	by accept the appointment as registered agent and agre- ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. The I in writing of this change.	erforma for in C ereby co	in this capa nce of my a hapter 605, nfirm that t	wity. 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
	Taylor Newman - Assistant Sec re of Registered Agent	cretary		