L21000327822

	(Requestor's Name)				
	(Address)				
	(Address)				
	(City/State/Zip/Phone #)				
PICK-UF	WAIT MAIL				
	(Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions t	o Filing Officer:				

Office Use Only



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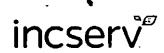
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Incorpolating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



ORDER FORM

Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 2/15/2022

850-245-6051

PRIORITY Regular Approval

OUR REF_#_(Order_ID#) 1001010

ORDER ENTITY_____
1STINLAUDERDALE LLC

PLEASE PERFORM THE FOLLOWING SERVICES: 1STINLAUDERDALE LLC (FL)						
File the attached change of agent document						
NOTES:						
\$25.00 Authorized Email address for annual report reminders: debbie@recordsearch:com						

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Tuesday, February 15, 2022 Page 1 of 1

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:	ERDALE LLC			
2. (a)		(ь)	Mailing address of limited liability company:		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(Note: MAY BE PUST OFFICE BOX)		
	12422 68TH AVE	! 	2422 68TH AVE		
	KIRKLAND WA 98034	×	URKLAND WA 98034		
	07/19/2021	L.2	1000327822		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	Registered Agent and Registered Office shown on the records of	of the Florida D	eni of State:		
	MYXABLE, LLC	A COL I RAZIONI DA	ye, or out.		
	Registered Office Address (MUST BE FLORIDA STREET 3050 NW 68TH STREET	TADDRESSI			
	FORT LAUDERDALE F	L			
(b)	Enter name of NEW Rechtered Asset and/or NEW Rechters REGISTERED AGENT SOLUTIONS INC.	d Office addre	B :		
	NEW Registered Office Address:			75	
	155 OFFICE PLAZA DR., SUITE A) <u>2</u> 2 F	
	TALLAHASSEE , F	L32301	s,qua an adde o ut	لْتُ	اند <u>م</u> اندع
Signar Signar Thereb provisite the oblite one provided the oblite of t	mited liability company is not organized under the la or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited it are authorized by an affirmative vote of the members cles of organization and operating agreement of the organization and agreement of the manufacture of a member of a member of all standes relative to the proper and complete gations of my position as registered agent as provide ity reflect a change in the registered office andress. I in writing of this change. Division of Corporations P.O. FILING P.	registered to comp of the limited limited limited limited limited limited limited limited for in Chain hereby confidences	any, it is hereby confirmed that the change(s) a liability company or as otherwise provided in ility company. Printed or typed name of signee this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept pler 605, F.S. Or, if this document is being filed run that the limited liability company hus been	2022FEB 15 AM 9. "	

INHS(8 (2/14)