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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone Fax Number : (855)330-1010

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LLC REGISTERED AGENT CHANGE **BIZCREDITCENTRAL 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.

1. N	lame of the limited liability company: BIZCREDI	tcentral L	_LC
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	02/23/22		2000096981
3.	Date of filing/registration in Florida	4,	Document number
5. (a	, KAYWOOD, ANDREW M		
·	Registered Agent and Registered Office shown on the records of 5252 POPE RD.	of the Florida Dept.	of State:
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRESS)	
	ORLANDO	_{1.} 32810	
(b)	Registered Agents Inc.		
` ,	Enter name of NEW Registered Agent and/or NEW Registered	ed Office address:	
	7901 4th St N		
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg	_L 33702	
the chagent was/w	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the registered liability compar s of the limited l	l office and the business office of the registered by, it is hereby confirmed that the change(s) liability company or as otherwise provided in
	Riling tak	Riley P	
_	ature of a member or authorized representative of a member		Printed or typed name of signee
provis the ob to me notific	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and comple oligations of my position as registered agent as provid rely reflect a change in the registered office address, ed in writing of this change.	ie performance of ded for in Chapt I hereby confirm	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept er 605, F.S. Or, if this document is being filed n that the limited liability company has been
	Bill Havre - Assista	ant Secretary	
~ . E	and an independent of the control of		

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