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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number

: (855)330-1010

\*\*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 ADDO'S EXTREME DETAILING&MORE LLC

| Certificate of Status | 0       |
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| Certified Copy        | 0       |
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JUN 22 2022 I. LEMIEUX

## 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   | Sume of the limited liability company: Addo  | o's Extreme  | Detailing&More LLC   |
|--|--|--|--|
| 2. (a)   |  | (b)  | Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  |
|  |  |  |  |
|  | 05/05/22   | L2   | 2000214162   |
| 3.   | Date of filing/registration in Florida   | 4.   | Document number  |
| 5. (a  | LEGALCORP SOLUTIONS, LLC   |  |  |
| \  | Registered Agent and Registered Office shown on the re   | ecords of the Florida Dept   | t, of State:   |
|  | 3440 W HOLLYWOOD BLVD. SUITE   | E 415  |  |
|  | Registered Office Address (MUST BE FLORIDA S   |  |  |
|  | HOLLYWOOD  | ,刊33021  |  |
| (b)  |  |  | TAL SUPPLIES   |
|  | Enter name of NEW Registered Agent and/or NEW R  | tegistered Office address  | 5한 분 등   |
|  | 7901 4th St N  |  | 77. N  |
|  | NEW Registered Office Address.   |  | FE ST OF THE   |
|  | STE 300  |  | ORIGINA 6 12 5   |
|  | St. Petersburg   | . <sub>FL</sub> 33702  | Swe 0  |
| the chagent was/w the ar Sign I her provi. the obto me | will be identical. Or, in the case of a Florida livere authorized by an affirmative vote of the meticles of organization or the operating agreemer cature of a member or authorized representative of a member of a member of a member of all statutes relative to the proper and control of all statutes relative to the proper and control of the proper and contr | Idress of the registered mited liability compacts of the limited liability of the liabi | d office and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company.  Morgan Noble  Printed or typed name of signee his capacity. I further agree to comply with the pof my duties, and I am familiar with and accept over 605. F.S. Or, if this document is being filed |

Tom Glover - Assistant Secretary

Signature of Registered Agent