Division of Corporations



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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 : (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. **

밆콤斷ail Address:_

LLC REGISTERED AGENT CHANGE THE SPEED LAB CO LLC

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T. LEMIEUX

HAN 04 2024

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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. Na	une of the limited liability company:	LLC					
2. (a)	Principal office address of limited liability company:	_ (b	·)	Mailing address o	f limited liab	ility compa	ny:
	(Note: MUST BE STREET ADDRESS)	_		(Note: MAY B	SE POST OF	FICE BOX	······································
	07/03/2023		L230003164	49			
3.	Date of filing/registration in Florida	4.		Document nu	mber		
5. (a)	HELGIB, EDGAR F						
. ,,	Registered Agent and Registered Office shown on the records of t	he Fiorida	Dept. of State	e;			
	Registered Office Address MUST BE FLORIDA STREET A	DDRESS	2	-			
	1664 SW 151 PLACE						
	MIAMI	33185		-			
	FL.			_	. 25	ڌي	
(b)	Registered Agents Inc					5.00	
(11)	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:	_		:	
	7901 4th St N					ن.	Ç.
	NEW Registered Office Address:			-		P	***
	STE 300					ά,	
				_		ج ری	
	St. Petersburg , FL	33702		_			
the cha agent v was/we the arti Signa I here, provisu the obli to mer- natifies	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia cre authorized by an affirmative vote of the members of icles of organization or the operating agreement of the law ture of a member of authorized representative of a member of authorized representative of a member of all statutes relative to the proper and complete ligations of my position as registered agent as provided city reflect a change in the registered office address. I he is mixing of this change. David Roberts - Assistant Se	the regis bility co f the lim limited I Robi re to act perform I for in Co ereby co	stered office ompany, it i ited liabilit iability con n Jones in this cap ance of my Chapter 603	e and the busing shereby configure on pany or appany. Printed or types acity. I further duties, and I at 5, F.S. Or, if II	ness office rmed that t as otherwis I name of sign r agree to a m familiar his docume	of the reg he chang se provid hee comply w with and nt is bein	etistered e(s) ed in eth the accept

Signature of Registered Agent