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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.\*\*

Email Address: \_\_\_\_\_

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## LLC REGISTERED AGENT CHANGE NO LIMIT CREATIVES LLC

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SECRETARY OF STATE
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AUG 0 4 2022

## 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	ame of the limited liability company: No Limit (	<u> Cre</u>	atives I	LLC
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)
	1480 NW North River Drive Unit 1402	_	7901 4	4th St N STE 300
	Miami Florida 33125	_	St. Pete	ersburg FL 33702
	04/15/19		M190	00004689
3.	Date of filing/registration in Florida	4.		Document number
5. (a	UNITED STATES CORPORATION AG	SEN'	TS, INC	
J. (a)	Registered Agent and Registered Office shown on the records of the			ate:
	5575 S. Semoran Blvd.			
(b)	Registered Office Address (MUST BE FLORIDA STREET A	DDRE	<u>S.S.)</u>	_
	Suite 36			
	Orlando	3282	22	ZOZZ AUG SECRETALI AHA
	Northwest Registered Agent L  Enter name of NEW Registered Agent and/or NEW Registered C  7901 4th St N		address:	APPROVED AND FILED  WG-3 AM II: 44 WETARY OF STATE AHASSEE, FLORID
	NEW Registered Office Address:			
	STE 300			<del>-</del>
	St. Petersburg , FL	3370	)2	
the chagent was/was/was/was/was/was/was/was/was/was/	limited liability company is not organized under the law lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia vere authorized by an affirmative vote of the members of the set of organization of the operating agreement of the lattice of a member of a member of a member of a member and accept the appointment as registered agent and agreeions of all statutes relative to the proper and complete obligations of my position as registered agent as provided rely reflect a change in the registered office address. I have in writing of this change.	the re; bility f the limited Mee to a perfor if for it	gistered officempany, it imited liability en	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in impany.  ble  Printed or typed name of signee  pacity. I further agree to comply with the y duties, and I am familiar with and accept to S. F.S. Or. if this document is being filed

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Tom Glover - Assistant Secretary

Signature of Registered Agent