## Florida Department of State Division of Comporations

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Т	o: Division of Corporations Fax Number : (850)617-6383
F	From: Account Name : REGISTERED AGENTS INC. Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010
** 5 5	Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**
جې	Email Address:
<u>.</u>	
· ·	LLC REGISTERED AGENT CHANGE  DOMINICAN TOBACCO PRODUCTS LLC
ð	DOMINICAN TOBACCO PRODUCTS LLC
2022	Certificate of Status 0

DOMINICAN TOBACCO PRODUCTS LLC								
Certificate of Status	0							

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\$25.00

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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 40	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	f. 				LIGHT	
1.	Na	nme of the limited liability company: DOMINIC	AN	TOBA	CCO PROD	UCIS	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)				
				7901 4	th St N STE 30	0	
				St. Pete	etersburg FL 33702		
		03/14/07		L0700	00027723		
3.		Date of filing/registration in Florida	4.		Document number		
		Abrou Maria					
5.	(a)	Registered Agent and Registered Office shown on the records of the	ha Flori	de Dont of Sta			
			iic i koti	ua trept. or trea	ic.		
		25511 Seven Rivers Circle			_		
		Registered Office Address (MUST BE FLORIDA STREET A	DDRE:	<u>(S)</u>			
		Land O Lakes, FI.	3463	39	•	<b></b>	3
	(b)	Northwest Registered Agent LLC					
		Enter name of NEW Registered Agent and/or NEW Registered	Office a	idd <u>ress</u> :		<u> </u>	∃>:
		7901 4th St N			_		
		NEW Registered Office Address:				至5. <b>4</b>	,
		STE 300			<b></b>		<b>)</b>
		St. Petersburg	3370	)2			
the ag- wa the	e cha ent v is/w <sub>i</sub> e art	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the company.	the reg ibility f the li limited	gistered offic company, it mited liabili	re and the business of is hereby confirmed the ty company or as othe mpany.	fice of the hat the cha erwise pro	registered ingc(s)
					• •	·=·	
pro the to	ovis. 2 obi mer	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I have inverting of this change.	ce to a perfor I for it vereby	ct in this cap mance of my i Chapter 60 confirm that	pacity. I further agree duties, and I am fam. 15, F.S. Or, if this doc t the limited liability o	e to complifiar with a cument is be company h	y with the ind accept seing filed as been

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

Tom Glover - Assistant Secretary

Signature of Registered Agent