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Division of Corporations

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Account Name : REGISTERED AGENTS INC.

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

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LLC REGISTERED AGENT CHANGE MAD RIVER SERVICES, LLC

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C. BRUMBLEY
AUG 7 9 2022

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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.

Florid				2) (1050 110
1. N	ame of the limited liability company: MA	AD RIVER	SEF	RVICES, LLC
2. (a)			(b)	
_, (,	Principal office address of limited liability (Note: MUST BE STREET ADDRI		,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	05/20/08			3000050772
3.	Date of filing/registration in Flor	rida 4.		Document number
	Lanaz Anthony			
5. (a)	Lopez, Anthony Registered Agent and Registered Office shown on	the records of the Flo	rida Dent a	of State:
	Marin, Eljaiek, Lopez & Martin		tion teeps.	of State.
	Registered Office Address (MUST BE FLORIS		F\$\$1	
	2601 South Bayshore Drive 18th I		<u> 2007)</u>	(i) N
				17A
	Coconut Grove	_{, FL} _331	33	<u> </u>
(b)	Northwest Registered A	Agent LLC		FILE 2022 AUG 26 PM SECRE LARY OF TALLAHASSES
(0)	Enter name of NEW Registered Agent and/or NE			
	7901 4th St N			PH 3:4: OF STATE SEE: FL
	NEW Registered Office Address:			
	STE 300			
	St. Petersburg	FL_337	02	
the chagent was/w the art Signa I have provise the obto mer	ange or changes are made, the Florida stree will be identical. Or, in the case of a Florida stree authorized by an affirmative vote of the icles of organization or the operating agree authorized representative of a member or authorized representative of a neby accept the appointment as registered agent ligations of all statutes relative to the proper and ligations of my position as registered agent	et address of the reda limited liability e members of the limite member of the limite member gent and agree to and complete perfout as provided for	egistered recompan limited li ed liabilit Morgar act in thi rmance con Chapte	of Florida, it is hereby confirmed that after loffice and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in ty company. Noble Printed or typed name of signee is capacity. I further agree to comply with the of my duties, and I am familiar with and accepter 605, F.S. Or, if this document is being filed in that the limited liability company has been

Signature of Registered Agent

Tom Glover - Assistant Secretary