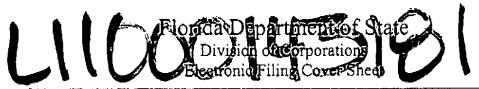
10/11/21, 3:14 PM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000379508 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : URS AGENTS LLC Account Number : I20150000127 : (800)567-4397 Phone

: (800)567-4398 Fax Number

Enter the email address for this business entity to be used for future; annual report mailings. Enter only one email address please.

Email Address: __clonkins@urscompliance.com

án r

LLC REGISTERED AGENT CHANGE **MOVINGPLACE LLC**

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$25.00 |

OCT 1 3 2021 S. PRATHER

(((H21000379508 3)))

COVER LETTER

| TO: | | tration Section ion of Corporations | | | |
|-------------|--|---|----------------|----------------------------|---|
| SUBJE | CT: | MOVINGPLACE LLC | | | |
| | • | Na | me of Limite | ed List | ility Company |
| Dear Si | ir or M | adam: | | | |
| The end | closed | Registered Agent/Registered Of | fice Change | and fe | e(s) are submitted for filing. |
| Please r | return i | all correspondence concerning the | his matter to | the fol | llowing: |
| MATT | HEW | EHRLICHMAN | | | |
| | | Name of Person | _ | | |
| MOVII | NGPL | ACE LLC | | | |
| | | Firm/Company | | | • |
| 2200 1 | 1ST A | VE S | | | |
| | | Address | | | |
| SEAT | TLE, 1 | WA 98134 | | | |
| | | City/State and Zip Code | | | |
| cjenkins | @ursc | ompliance.com | | | |
| E-r | mail ac | idress: (to be used for future and | iual report n | otifica | tion) |
| Por furth | her infe | ormation concerning this matter, | , please call: | | |
| URS A | gents | c/o Kanetha Bishop | at (|) | 567-4397 |
| | | Name of Person | | A | res Code & Daytime Telephone Number |
| ! ! | Registr Division Clifton 2661 E | ET/COURIER ADDRESS: ration Section on of Corporations Building executive Center Circle assee, Florida 32301 | | Regist Divisi P.O. B | ING ADDRESS: tration Section on of Corporations Sox 6327 assee, Florida 32314 |
| 1 | Enclos | ed is a check for the following | amount: | | |
| Ç | 2 \$25 | Filing Fee | ۵ | \$55 F | iling Fee & Certifled Copy |
| | | | | | |

Signature of Registered Agent

(((H21000379508 3)))

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 affice or registered agent, or both, in the State of Florida.

| Mailing address of limited liability company (Nate: MAY BE POST OFFICE ROX) 2200 1ST AVE S SEATTLE, WA 98134 L11000143181 Document number ALLAHASSEE, FLORIDA 19 address: |
|---|
| 2200 1ST AVE S SEATTLE, WA 98134 L11000143181 Document number arida Dept. of State: |
| SEATTLE, WA 98134 L11000143181 Document number arida Dept. of State: |
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| LAHASSEE |
| HASSEE |
| E 2 |
| i c |
| e address: |
| e address: ORAT T: |
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| 12 |
| the State of Florida, it is hereby confirmed that afte egistered office and the business office of the regist y company, it is hereby confirmed that the change(s) limited liability company or as otherwise provided ed liability company. Metthew Cullen Printed or typed name of signee act in this capacity. I further agree to comply with rmance of my duties, and I am familiar with and act in Chapter 605, F.S. Or, if this document is being for y confirm that the limited liability company has been |
| ti ej |