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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

≰気調ail Address:\_\_

## LLC REGISTERED AGENT CHANGE **DUNCAN TRADING, LLC**

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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. N	ame of the limited liability company: DUNCAN TR	RADING, L	LC	<del></del>			
2. (a)		(b) _					
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)_	Mailing addres	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		_ <del>-</del> 	<del></del>				
	01/18/2012	<u></u>	12000008635				
3.	Date of filing/registration in Florida	4.	Document	number			
5. (a)	DUNCAN, COLERIDGE						
` '	Registered Agent and Registered Office shown on the records of	the Florida De	ot. of State:				
	16877 East Colonial Drive						
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)					
	#103		····	$\overline{w}_{s_{i}}$	2023		
	Orlando , FI	, 32820			ζ <u>=</u>		
(b)	Northwest Registered Agent LLC  Enter name of NEW Registered Agent and/or NEW Registered Office address:			: = :	2023 JIN 20 PM 2:	<u>:</u> : ::	
	7901 4th St N			25. 25.			
	NEW Registered Office Address:			-	ယ		
	STE 300						
	St. Petersburg , FI	33702					
the cha agent was/w	limited liability company is not organized under the latange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the register ability comp of the limited	ed office and the bu vany, it is hereby cor I liability company (	isiness office office of the firmed that t	of the regis he change(	stered (s)	
$\Delta V$	WT SMITH	Nat Sr					
_	ature of a member or authorized representative of a member		-	ped name of sign			
provis the ob to mer	by accept the appointment as registered agent and aging ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide lely reflect a change in the registered office address, I do not in writing of this change.	ree to act in performanced for in Cha hereby confi	this capacity. I furt e of my duties, and pter 605, F.S. Or, i rm that the limited	ther agree to of a superior in the superior in	comply wit with and a nt is being any has be	h the accept filed en	
Signan	Taylor Newman - Assistant Secretar	у					

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