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.

(((H210004463053)))



H210004463053ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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:_____

LLC REGISTERED AGENT CHANGE MIAMI STUFF LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

DEC = 8 2021

S. PRATHER

Electronic Filing Menu Corporate Filing Menu

Help

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

rtorid					
1. N	ame of the limited liability company: MIAMI S	TUF	F LLC		<u> </u>
2. (a)	7901 4th St N	(1) PO BC	X 128	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	STE 300				
	St. Petersburg FL 33702		South H	arwich MA 02661	-0128
	01/11/2013		L13000	006100	
3.	Date of filing/registration in Florida	4,		Document number	
5. (a)	CORPORATION SERVICE COMPANY				
5. (u)	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of Stat	- e:	
	1201 HAYS STREET				21 FAL
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRES.	<u>S)</u>	-	121 DE
	TALLAHASSEE FI	_3230	 1	-	PILED 2021 DEC -7 PM SELAETARY OF S ALLAHASSEE, FL
	, FI		-	_	ال المارية الم
(b)	Registered Agents Inc.				STA LOR
(-)	Enter name of NEW Registered Agent and/or NEW Registered	Office ac	ldress:	_	-ED 1 PM 1: 45 0F STATE E. FLORIDA
	7901 4th St N				
	NEW Registered Office Address:			_	
	STE 300			_	
	St. Petersburg	_3370	2		
the chagent was/w the art Signa I here provise the obtomer	limited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of iteles of organization or the operating agreement of the ature of a member or authorized representative of a member seby accept the appointment as registered agent and agricular of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address, I are in writing of this change. Bill Havre - Assistant	f the regulability coof the limited Rill ree to accepte for in thereby controlled	istered offic ompany, it inted liability corey Park of in this capance of my Chapter 60, confirm that	e and the business of shereby confirmed the company or as other apany. Printed or typed name of pacity. I further agree duties, and I am fam. 5. F.S. Or, if this doc	fice of the registered nat the change(s) erwise provided in signee to comply with the liar with and accept ument is being filed

Signature of Registered Agent