Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number

: (855)330-1010

Email Address:

LLC REGISTERED AGENT CHANGE **CONVINCIFY LLC**

| Certificate of Status | 0 |
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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 Florida.

| 1. Na | ame of the limited liability company: Convinc | cify 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) |
| 2 | 10/11/2013 | | 000143876 |
| 3. | Date of filing/registration in Florida | 4. | Document number |
| 5. (a) | | | |
| | Registered Agent and Registered Office shown on the records 10752 DEERWOOD PARK BLVD # | • | of State: |
| | Registered Office Address (MUST BE FLORIDA STREE | | |
| | JACKSONVILLE | _{FL} 32256 | |
| (b) | Registered Agents Inc. | | × 22 |
| (0) | Enter name of NEW Registered Agent and/or NEW Register | red Office address: | |
| | 7901 4th St N | | FILEC 2021 OCT -1 1 |
| | NEW Registered Office Address: | | PHI |
| | STE 300 | | PHIZ: 58 |
| | St. Petersburg | _{FL} 33702 | |
| the cha agent v was/we | imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the members icles of organization or the operating agreement of the Rilling Land. | of the registered of liability company s of the limited lia | office and the business office of the registered it is hereby confirmed that the change(s) ability company or as otherwise provided in y company. |
| Signa | ture of a member or authorized representative of a member | , incy r di | Printed or typed name of signee |
| provisi the obl to mere notified | · · · · · · · · · · · · · · · · · · · | igree to act in this ie performance of ded for in Chapte I hereby confirm ant Secretary | s capacity. I further agree to comply with the f my duties, and I am familiar with and accep r 605, F.S. Or, if this document is being filed that the limited liability company has been |
| provisi the obl to mere notified | ons of all statutes relative to the proper and comple igations of my position as registered agent as provid ely reflect a change in the registered office address, d in writing of this change. | te performance of ded for in Chapte I hereby confirm | f my duties, and I am familiar with a r 605, F.S. Or, if this document is be that the limited liability company ha |