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Division of Corporations

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From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107

Fax Number : (561)214-8442

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

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LLC REGISTERED AGENT CHANGE DOBSON ENTERPRISES, 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.	Na	The of the limited liability company:DOBSON	ENTER	RPI	PRISES, LLC	
2	(a) .	20416 NEEDLETREE DR.	1	b)	9942 12th Way N.	
۷.	(4).	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		٠,.	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		TAMPA, FL 33647		_	Apt 106	
				_	SAINT PETERSBURG, FL 33716	
		04/03/2014			L14000054517	
3.		Date of filing/registration in Florida	4.		Document number	
5.	(a)	HUNTER BUSINESS LAW				
J.	(4)	Registered Agent and Registered Office shown on the records	of the Flori	da E	Dept, of State:	
		119 S. DAKOTA AVENUE				
		Registered Office Address	T ADDRE	<u> </u>		
		TAMPA	FL336	506	6	
	(b)	Corporate Creations Network Inc.				
		Enter name of NEW Registered Agent and/or NEW Register	red Office a	<u>idd</u>	iress	
		801 US Highway 1			3	
		NEW Registered Office Address			2022 APR	
		North Palm Beach	FL_ 334	108	29 PH 29 PH SSEE.F	
ch ag w th	nange gent v as/w e arti	or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the street	the registed I liability of the limited	con imit i lia	State of Florida, it is hereby confirmed that after the d office and the business office of the registered mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in iability company.	
	- '	aitlin Lazarus	_	all	Printed or typed name of signee	
Signature of a member or authorized representative of a member Printed or typed name of signee I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 695. F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.						

Signature of Registered Agent

Division of Cornorations P.O. Box 6327 • Tall

Caitlin Lazarus, Special Secretary

/s/ Caitlin Lazarus