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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I2009000081

Phone :

: (307)200-2803

Fax Number

: (813)436-5206

ter the email address for this business entity to be used for future rampual report mailings. Enter only one email address please.\*\*

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## LLC REGISTERED AGENT CHANGE RUBICON WEB ENDEAVORS 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.

L N	ame of the limited liability company:		<del></del>			
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b)	(b)			
	7901 4th St N STE 300	;	7901 4th St N STE 300			
	St. Petersburg, FL 33702	<u> </u>	St. Peiersburg, FL 33702			
	06/27/14	LI	L14000102918			
3.	Date of filing/registration in Florida	4.	Document number			
5. (a)	UNITED STATES CORPORATION AGENTS, INC.					
(h)	Registered Agent and Registered Office shown on the records					
	Registered Office Address (MUST BE FLORIDA STREE					
	476 RIVERSIDE AVE.					
	JACKSONVILLE 1	-L_32202	2024 OCT 14 SECLE ANA TALL ANA			
	Registered Agents Inc	ASS P				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>					
	7901 4th St N	=====================================				
	NEW Registered Office Address					
	STE 300					
	St. Petersburg	71				
the cha agent t was/w the ary	limited 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 ere authorized by an affirmative vote of the member igles of organization or the operating agreement of the	of the registe liability com s of the limite	ered office and the business office of the registere apany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in			
!	dure of a member or abthorized representative of a member	Robin .				
Signi	sture of a member of alithorized representative of a member		Printed or typed name of signee			

the obligations of my position as registered agent as provided for in Chapter 605, 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 natified in writing of this change.

- Assistant Secretary

Signature of Registered Agent

**David Roberts**