## Division of Corporations

## Floring Department of State 327

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To:

Division of Corporations
Fax Number (858)617-6383

From.

Account Name : REGISTERED AGENTS INC

Account Number : 128090000081 Phone : (307)200-2803 Fax Number : (813)436-5295

> \*\*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 MILNER WORLDWIDE 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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	une of the limited liability company: Milner Worldwide L	.LC	
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)
	09/02/14		0136327
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	MEEHLE, SUZANNE D, ESQ		
	Registered Agent and Registered Office shown on the records of t	he Florida Dept. o	a State:
	1215 E Concord St		
	Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRESS)</u>	
	Orlando FL	32803	2024 APR
(b) <u>-</u>	Northwest Registered Agent LLC  Enter name of NEW Registered Agent and/or NEW Registered		
	7901 4th St N		PH 5:
	NEW Registered Office Address: STE 300		 ල
$\supset$	St Pelersburg . FI.	33702	
ine cha agent v was/we the arti	imited liability company is not organized under the law inge or changes are made, the Florida street address of villabe identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	the registered of bility company f the limited lia limited liability	of the and the business of thee of the registered, it is hereby confirmed that the change(s) ability company or as otherwise provided in
194 - F	uncolf a member or authorized representative of a member	Nat Smith	Printed or typed name of signee
I herei provisi the obl to mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete i igations of my position as registered agent as provided by reflect a change in the registered office address. I h I'in writing of this change.	performance o, l for in Chapté, vereby confirm	composity. I further gover to comply with the
7	re of Registered Agent	ore cary	