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.

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		李州 學	-
To:		- 5% - 型	11
	Division of Corporations	事. の	-
	Fax Number : (850)617-6383	22	1
From:			٠,١
	Account Name : FIRST COAST CORPORATE SERVICES		Ć.
	Account Number : I20240000035	7:	
	Phone : (904)490-0391	열린 맛	

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

: (706)310-8269

Email Address:

LLC REGISTERED AGENT CHANGE NEXT DOOR DISTRIBUTION LLC

Certificate of Status	()
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Page Count	03
Estimated Charge	\$25.00

K. SALY

AUG 23 2024

Fax Number

Electronic Filing Menu — Corporate Filing Menu

Help

COVER LETTER

	ation Section n of Corporations	
SUBJECT:	NEXT DOOR DISTRIBUTE	ON LLC
50B0FC1	of Limited Liability Company	
Dear Sir or Mad	lam:	
The enclosed Re	egistered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all	correspondence concerning this r	natter to the following.
	Name of Person	
Universal Registo	ered Agents, Inc.	
	Firm/Company	
12900 METCAL.	F, SUITE 140	
	Address	
OVERLAND PA	RK, KS 66221	
	City/State and Zip Code	
INFO@URAGE	NTS.COM	
E-mail add	lress; (to be used for future annua	Treport notification)
For further infor	rmation concerning this matter, pl	ease call;
KATIIY BUTLE	R	855-236-9172 at ()
	Name of Person	Area Code & Daytime Telephone Number
Registr Divisio P.O. Bo	g Address: ation Section on of Corporations ox 6327 assec. FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclose	ed is a check for the following ar	nount:
□ \$25 I	Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)		

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.

I. Na	ime of the limited liability company: NEXT DOOR	DISTRIBU	FIOR LLC	
2. (a)		(
	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)			Maring address of limited liability company (Note: MAYBE POST OFFICE BOX)
	2705 N. Commerce Parkway		2705 N. C	ommerce Parkway
	MIRAMAR, FL 33025		MIRAMA	R. FL 33025
	05/07/2015		1.14000167	493
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	INCORP SERVICES, INC.			
J. (11)	Registered Agent and Registered Office shown on the records 3458 LAKESHORE DRIVE	s of the Florid	a Dept-of Stat	c
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	TALLAHASSEE	FL. 32312		1924 MUG 22 MH 2: 59 1924 MUG 22 MH 2: 59 1924 MUG 22 MH 2: 59
(b)	Universal Registered Agents, Inc.			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office ac	<u>ldress</u>	2:
	1317 California Street			26
	NEW Registered Office Address			_
	Tallahassee	FL. 32304		_
change agent v was/we the arti	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member cles of organization or the operating agreement of the Tilley, Secretary	the register I liability ed is of the lin the limited	ed office an impany, it i nited liabilit	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
	Signature of a member or authorized representative of a member			Frinted or typed name of Signee
provisi the obl to mere	by accept the appointment as registered agent and cons of all statutes relative to the proper and completing to the proper and completing to the proper and expression as registered agent as provided reflect a change in the registered office address, d'in writing of this change.	agree to act ete perform ided for in (I hereby c	t in this cap ance of my hapter 60: onfirm that	acity. I jurther agree to comply with the duties, and I am familiar with and accept b. i.S. Or, if this document is being filed the limited liability company has been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Kathy Butler Signature of Registered Agent