Division of Corporations



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Division of Corporations

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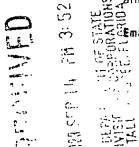
From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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LLC REGISTERED AGENT CHANGE REINTELLIGENCE 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. N	ame of the limited liability company.	E LLC	
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of fimited liability company: (Note: MAY BE POST OFFICE BOX)
	10/12/15	L1500	0177713
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Rangel, Mariana		
(Registered Agent and Registered Office shown on the records of i	he Florida Dept	of State
	5645 Coral Ridge Drive Suite 367		
	Registered Office Address (MUST BE FLORIDA STREET)	(DDRESS)	26775
	Coral Springs FL	33076	
	Registered Agents Inc		
(þ)	Enter name of NEW Registered Agent and/or NEW Registered	(MEan addam)	
	Tallet mane of NEW Registered Agent allega MEW Registered	conice address.	
	7901 4th St N		.0
	NEW Registered Office Address:	-	
	STE 300		
	St. Petersburg	33702 	
the cha agent v was/w the art	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited ha ere authorized by an affirmative vote of the members o icles of organization or the operating agreement of the	the registered bility compan f the limited li limited liabilit	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company.
·	ture of a member or authorized representative of a member	Robin Jane	
There provisi the obi to mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address. I h I in writing of this change.	performance of Hör in Chapte erchy confirm	Funted or typed name of signee is capacity. I further agree to comply with the of my duties, and I am familiar with and accept in 605, F.S. Or, if this document is being filed what the limited liability company has been

Signature of Registered Agent