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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone : (855)330-1010 Fax Number

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## LLC REGISTERED AGENT CHANGE ROAD WORK PLAY, LLC

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JUN 3 0 2022

K. Brumbley

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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.

I. Na	nme of the limited liability company: Road W	ork Play	y, LLC		
2. (a)		(b)			
	Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  411 Walnut Street # 10530		
	411 Walnut Street # 10530	4			
	Green Cove Springs Florida	G	ireen Cove Springs Florida 32043		
	11/02/2015		L15000188666		
3.	Date of filing/registration in Florida	4,	Document number		
5. (a)	INCORP SERVICES, INC.				
(	Registered Agent and Registered Office shown on the records of	of the Florida Dep	pt. of State:		
	17888 67TH COURT NORTH				
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRESS)	<del></del>		
	LOXAHATCHEE	a. 33470	20		
	Deviate and Assertation	- <b>11</b>	7022 JUN 30		
(b)	Registered Agents Inc.		<u> </u>		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office addres	# 30 F <sub>E</sub> ≥		
	7901 4th St N				
	NEW Registered Office Address:		<u> </u>		
	STE 300		5 5.		
	St. Petersburg	<sub>FL</sub> 33702			
signa  I here provise the obtate to mer	imited 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 members icles of organization or the operating agreement of the case of a member or authorized representative of a member by accept the appointment as registered agent and a light of all statutes relative to the proper and completing the completing of the proper and completely reflect a change in the registered office address, and in writing of this change.  Bill Havre - Assista	of the register liability comp s of the limited he limited liab ————————————————————————————————————	red office and the business office of the registere pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in pility company.  Riley Park  Printed or typed name of signee  this capacity. I further agree to comply with the region of my duties, and I am familiar with and acceptive 605, F.S. Or, if this document is being filed irm that the limited liability company has been		
Signatu	tre of Registered Agent		,		