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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

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## LLC REGISTERED AGENT CHANGE CANSORTIUM HOLDINGS LLC

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T GLASS

## 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

I. Na	une of the limited liability company: Cansortiu	m Holding	s LLC	
2. (a)	Principal office address of limited liability company:	(b)	Mailing address of limited liability company:	
	(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)	
	82 NE 26th St Unit #110	7901 4	th St N STE 300	
	Miami FL 33137	St. Pete	rsburg FL 33702	
	02/11/2016 L16		6000029192	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Kobrin, Zachary			
J. (a)	Registered Agent and Registered Office shown on the records of the	e Florida Dept of Stat	e;	
	82 NE 26th Street #110			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	-	
	n Alonai	22127	·	
	Miami FL_	33137	<b>201</b>	
	Northwest Registered Agent L	LC	2019 MAY -2 MI PARASSE	
(b)	Enter name of NEW Registered Agent and/or NEW Registered		- SE 7 ,	
	_			
	7901 4th St N			
	NEW Registered Office Address:		## 10:	
	STE 300			
	St. Petersburg	33702		
			_	
the cha agent was/w	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 lia ere authorized by an affirmative vote of the members o ieles of organization or the operating agreement of the	the registered offic bility company, it i I the limited liabili	is hereby confirmed that the change(s) ty company or as otherwise provided in	
(	<b>Y</b>	Morgan Nob		
Signa	nure of a member or authorized representative of a member		Printed or typed name of signee	
I here provis the ob- to mer	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address. I h	ee to act in this cap performance of my I for in Chapter 60 ereby confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	

notified in writing of this change.

Tom Glover - Assistant Secretary Ton Glove

Signature of Registered Agent