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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 : (855)330-1010

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2022 MAR -4

APPROVE AND FURD

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.

1 Name c	of the limited liability company: Only In U	s Records	s LLC			
2. (a)	The mined masmiy company.	(b)	Mailing address of lim	·		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(Note: MAY BE PC			-
03/	/10/2016	L160	00049848			
3.	Date of filing/registration in Florida	4.	Document number	r		
_{5. (a)} UN	NITED STATES CORPORATION AC	GENTS, INC				
	stered Agent and Registered Office shown on the records of t	he Florida Dept. of S	tate:			
55	75 S. SEMORAN BLVD					
Reg	istered Office Address (MUST BE FLORIDA STREET A	(DDRESS)				
SU	JITE 36					
01	RLANDO	32822				
(U)	orthwest Registered Agent L or name of NEW Registered Agent and/or NEW Registered		_	MILLIANS	2022 MAR -	A P P
79	901 4th St N			41,	ŧ.	
NE'	W Registered Office Address:	<u> </u>		$\mathcal{D}_{5,5}^{(7)}$	PK	O D
S	ΓE 300				ት0 ፡ካ	_
S	t. Petersburg, FL	33702		• ' '	t	
the change agent will b was/were a	ed liability company is not organized under the law or changes are made, the Florida street address of be identical. Or, in the case of a Florida limited lia uthorized by an affirmative vote of the members of of organization or the operating agreement of the	the registered off ability company, in if the limited liabi	ice and the business t is hereby confirme lity company or as o	office of d that the	f the re e chan	egistered ige(s)
	organ lotte. If a member or authorized representative of a member	Morgan N				
Signature o	of a member or authorized representative of a member	****	Printed or typed nan	ne of signe	2	
provisions the obligati to merely re	ccept the appointment as registered agent and agr of all statutes relative to the proper and complete ions of my position as registered agent as provided eflect a change in the registered office address, I h writing of this change.	ee to act in this c performance of n d for in Chapter (hereby confirm th	apacity. I further as iy duties, and I am f iD5, F.S. Or, if this a at the limited liabili	gree to co amiliar w document ty compa	mply rith an t is be ny ha:	with the id accept ing filed s been

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

Tom Glover - Assistant Secretary

Signature of Registered Agent