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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 Fax Number : (813)436-5206

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

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LLC REGISTERED AGENT CHANGE TOO MANY KIDS, LLC

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K. SALY JAN 3 2025 1/2/2025 98:07 29 PST. To 18506176383 Page 2/2 Fax: 8134365206

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 Standes, 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. 8 | iame of the limited liability company: Too Many Kies L | LC | | | |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|--|
| 2. (a) | 7901 4th St N STE 300 | (b) 79014 | (b) 7901 4th St N STE 300 | | |
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company. (Note: MAY BE POST OFFICE BOX) | | |
| | St. Petersburg FL 33702 US | St. Pete | ersburg FL 33702 US | | |
| | | | | | |
| | | | | | |
| | 06/06/2016 | <u>L160001</u> | | | |
| 3. | Date of filing/registration in Florida | 4 . | Document number | | |
| 5. (a | UNITED STATES CORPORATION AGENTS, INC. | | | | |
| | Registered Agent and Registered Office shown on the records of | the Florida Dept. of S | state | | |
| | 476 RIVERSIDE AVE. | . <u>- — —</u> | | | |
| | Registered Office Address (MUST BE FLORIDA STREET) | <u>ADDRESS)</u> | | | |
| | | | 20 | 2025 | |
| | | 22202 | TALLAHASSEE, FLORID | 7125 JAH | |
| | JACKSONVILLE FI. | 32202 | | FILED | |
| ds | Registered Agents Inc | | 3.5.5. S.S.E. | -> F | |
| 117 | Enter name of NEW Registered Agent and/or NEW Registered | Office address: | | ED PM 4: 33 | |
| | | | 10. | خ ک | |
| | 7901 4th St N | | — A:- | ယ္ | |
| | NEW Registered Office Address | | Ţ | | |
| | STE 300 | | | | |
| | | | | | |
| | St. Petersburg , F1, | _33702 | | | |
| the ch agent was/v | limited liability company is not organized under the law lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- vere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the | f the registered of ability company, of the limited liab | fice and the business office of it is hereby confirmed that the ility company or as otherwise | f the registered e change(s) | |
| | Caler Same | Robin Jones | | | |
| Sign | ature of a member/or authorized representative of a member | W 1 7 77 M A 4 7 77 M 7 7 7 1 | Printed or typed name of signe | ·e | |
| provi. the of to me | chy accept the appointment as registered agent and agr sions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I will in writing of this change. | vee to act in this c performance of n d for in Chapter t hereby confirm th | apacity. I further agree to convey duties, and I am familiar v 505, F.S. Or, if this documen at the limited liability compa | omply with the with and accept t is being filed my has been | |
| 7-1-1- | David Roberts - Assistant S | ecretary | | | |