on of Corpor 6/26/2020 partment of state **Division of Corporations Electronic Filing Cover Sheet**

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To:

Division of Corporations Fax Number : (850)617-6383

From:

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PH 12:

020 JUN 26

Account Name : REGISTERED AGENTS INC. Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Email Address:_

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HEL FINEL

LLC REGISTERED AGENT CHANGE

FORZA MARKETING LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	\$25.00

JUN 2 9 2020

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.

Forza M	larketing	LLC
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N	ame of the limited liability company:			
. (a)	13000 AUTOMOBILE BLVD	(t		AUTOMOBILE BLVD
	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)			Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BOX</u>)
	CLEARWATER FL 33762		CLEAF	WATER FL 33762
	07/13/2016			132380
	Date of filing/registration in Florida	4.		Document number
. (a	, INCORP SERVICES, INC.			
. (a	Registered Agent and Registered Office shown on the records	of the Florid	la Depi, of Stat	- e:
	17888 67TH COURT NORTH			
	-			-
	17888 67TH COURT NORTH Registered Office Address (MUST BE FLORIDA STREE		<u>:S)</u>	-
tb	17888 67TH COURT NORTH Registered Office Address (MUST BE FLORIDA STREE LOXAHATCHEE	T ADDRES	<u>:S)</u>	- -
(b	17888 67TH COURT NORTH Registered Office Address (MUST BE FLORIDA STREE LOXAHATCHEE	<u>t addres</u> fl_ <u>3347</u>	<u></u> 0	
(b	17888 67TH COURT NORTH Registered Office Address (MUST BE FLORIDA STREE LOXAHATCHEE Registered Agents Inc.	<u>t addres</u> fl_ <u>3347</u>	<u></u> 0	
(Ծ	17888 67TH COURT NORTH Registered Office Address <u>(MUST BE FLORIDA STREE</u> LOXAHATCHEE Registered Agents Inc. Enter name of <u>NEW Registered Agent and/or NEW Registered</u>	<u>t addres</u> fl_ <u>3347</u>	<u></u> 0	
(ხ	17888 67TH COURT NORTH Registered Office Address <u>(MUST BE FLORIDA STREE</u> LOXAHATCHEE Registered Agents Inc. Enter name of <u>NEW Registered Agent and/or NEW Registered</u> 7901 4th St N	<u>t addres</u> fl_ <u>3347</u>	<u></u> 0	

If the limited liability company is not organized und the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Riley Park Tark Printed or typed name of signee Signature of a member or authorized representative of a member

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

 Assistant Secretary ĸ Bill Havre hane

Signature of Registered Agent

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Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314 **FILING FEE: \$25.00**