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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

ail Address:

LLC REGISTERED AGENT CHANGE FORWARD.ONLINE LLC

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SEP - 1 2023

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Forward.Online LLC	
	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cl	hange and fee(s) are submitted for filing.
Please return all correspondence concerning this mat	tter to the following:
Mary Castillo	
Name of Person	
Registered Agent Solutions, Inc.	
Firm/Company	
Corporate Center One, 5301 Southwest Pkwy, Ste 400	
Address	
Austin, TX 78735	
City/State and Zip Code	
E-mail address: (to be used for future annual re	eport notification)
For further information concerning this matter, pleas	se call:
Mary Castillo at	888 705-7274
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amo	unt:
☐ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

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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.

(a)	5025 S. ORANGE AVE.	(b) 5025 S. ORANGE AVE.
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	SUITE 202	SUITE 202
	ORLANDO, FL 32809	ORLANDO, FL 32809
	3/28/2017	L17000070775
	Date of filing/registration in Florida	4. Document number
(a)	SCALA, DANIEL E	
(4)	Registered Agent and Registered Office shown on the records of 4976 FAYANN ST.	,
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)
	ORLANDO FI	d Office address:
(h)	Registered Agent Solutions, Inc.	
	Enter name of NEW Registered Agent and/or NEW Registered	d Office uddress:
		•
	2894 Remington Green Ln.	
	2894 Remington Green Ln. NEW Registered Office Address:	
	<u> </u>	

_{/st} Daniel E Scala	Daniel E Scala	Manager
Signature of a member or authorized representative of a member	Printe	d or typed name of signee

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 this change.

Mackenzie Hibler, Asst. Secretary Signature of Registered Agent