## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number

: (855)330-1010

\*\*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 STAMINA MARKETING, LLC

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

SEP 07 2021

A. LUNT

## 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. N	ame of the limited liability company: Stamina	Marketing, LLC
2. (a)		(b)
≟. (d)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	7901 4th St N STE 300	7901 4th St N STE 300
	St. Petersburg FL 33702	St. Petersburg FL 33702
	06/21/2017	L17000135432
3.	Date of filing/registration in Florida	4. Document number
5. (a	, THOMAS, SCOTT	
.). (a	Registered Agent and Registered Office shown on the records o	of the Florida Dept. of State:
	10735 osrey landing way	
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRESS)
	Thonotosassa	33592
(b)	Northwest Registered Agent Enter name of NEW Registered Agent and/or NEW Registered	
	7901 4th St N	3 CORPORATE CORP
	NEW Registered Office Address:	10: 1
	STE 300	7
	St. Petersburg	<sub>FL</sub> 33702
the chagent was/w the ar	range or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited leaver authorized by an affirmative vote of the members ticles of organization or the operating agreement of the member of a member of authorized representative of a member.	laws of the State of Florida, it is hereby confirmed that after of the registered office and the business office of the registered liability company, it is hereby confirmed that the change(s) is of the limited liability company or as otherwise provided in the limited liability company.  Morgan Noble  Printed or typed name of signee  Printed or typed name of signee  Regree to act in this capacity. I further agree to comply with the rise performance of my duties, and I am familiar with and accept ded for in Chapter 605, F.S. Or, if this document is being filed I hereby confirm that the limited liability company has been

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

Signature of Registered Agent