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From:

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Account Number : I20090000081

Phone : (307)200-2803

Fax Number

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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 **CHARLIE & MAX PET SUPPLY LLC**

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OCT 2 9 2018

T. LEWELY

CC CC ċ: 經過 40月28

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY φ

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.

Floride	CHADILE	Q. N	MAX PET SUPPLY LLC		
I. Na	ane of the fillined habitity company.				
2. (a)	8200 NW 93RD ST		_(b) 8200 NW 93RD ST		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY RE POST OFFICE BOX)		
	LMH MEDIA INC (PTY AERO)		LMH MEDIA INC (PTY AERO)		
	MEDLEY, FL 33166	-	MEDLEY, FL 33166		
	09/18/2017		L17000193243		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	KOMOROWSKI, PIOTR				
(,	Registered Agent and Registered Office shown on the records of th	e Floric	ta Dept. of State:		
	630 S SAPODILLA AVE				
	Registered Office Address (MUST BE FLORIDA STREET AT	<u>S)</u>			
	#210				
	WEST PALM BEACH FLS	3340	1 A B		
(b)	Registered Agents Inc.	1 2010 OCT 1			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>				
	7901 4th St N		A R		
	NEW Registered Office Address:				
	STE 300		<u> </u>		
	St. Petersburg	3370	2		
If the li	mited liability company is not organized under the laws	s of th	e State of Florida, it is bereby confirmed that after		
the cha agent w was/we	inge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he reg pility c the lir	istered office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in		
	Riber Pak	Ril	ey Park		
Signat	المامير العملية المحافظة المح		Printed or typed name of signee		
provisi the obli to mere	by accept the appointment as registered agent and agre- ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I he I'm writing of this change.	e to ac erforn for in creby c	t in this capacity. I further agree to comply with the tance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed confirm that the limited liability company has been		

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

- Assistant Secretary

Bill Havre

Signature of Registered Agent