118000047652

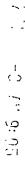
(Requestor's Name)					
(Address)					
(Address)					
,					
(City/State/Fin/Dhone #A					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
definition dopped					
· · · · · · · · · · · · · · · · · · ·					
Special Instructions to Filing Officer:					

Office Use Only



900361056189

03/08/21--01019--024 **25.00



RAWIT MADE

	egistration Section ivision of Corporations					
SUBJECT	3 NERDYDOGS, LLC					
Name of Limited Liability Company						
Dear Sir o	or Madam:					
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Ellie Kot	apish					
	Name of Person		-			
ZenBusi	iness PBC					
	Firm/Company		-			
5900 Ba	alcones Drive, Suite 5000		_			
	Address					
Austin,	TX 78731					
	City/State and Zip Code	-	-			
	enbusiness.com					
E-ma	ail address: (to be used for future annual re	port notifica	ation)			
For furthe	r information concerning this matter, pleas	e call:				
Ellie Kot	apishat	512	237-7349			
	Name of Person		Area Code & Daytime Telephone Number			
Ro D' C'I 20	TREET/COURIER ADDRESS: egistration Section ivision of Corporations lifton Building 661 Executive Center Circle allahassee, Florida 32301	Regi Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 shassee, Florida 32314			
Enclosed is a check for the following amount:						
2	1 \$25 Filing Fee	□ \$55	Filing Fee & Certified Copy			

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

l. Na	me of the limited liability company: 3 NERDYDO	DGS, LLC			
2. (a)	2908 Deerberry LN	(b) 432	(b) 4327 S. Hwy 27 Suite 136		
2. (1.,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Clermont, FL 34714	Cler	mont, FL 34714		
	02/22/2018	L180	00047652		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	UNITED STATES CORPORATION AGENT				
J. (a)	Registered Agent and Registered Office shown on the records of	f the Florida Dept. o	of State:		
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)	~`		
	5575 S. SEMORANBLVD SUITE 36				
	ORLANDO	_32822	•		
(b)	Registered Agents Inc.		· ;		
(0)	Enter name of NEW Registered Agent and/or NEW Registere	d Office address:	:		
	NEW Registered Office Address:		 _		
	7901 4th St N, Suite 300				
	St. Petersburg, F	L_33702			
the cha agent v	imited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the registered liability company of the limited lia	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in		
	TALLATINE A CITE TO T		ACKLEY, Manager		
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee		

Signature of Registered Agent

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.