L18000168396

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(Business Entity Name)							
(Document Number)							
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2022 OCT 27 PM 1: 15 SECRETARY OF STATE

COVER LETTER

Division of Corporations	•						
UBIX NOW, LLC							
Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office Change an	d fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the	e following:						
CHRISTAL MAES							
Name of Person							
UBIX NOW, LLC							
Firm/Company							
1601 SHARKS TOOTH TRAIL							
Address							
PANAMA CITY BEACH, FL 32413							
City/State and Zip Code							
jmaes@ubixnow.com							
E-mail address: (to be used for future annual report not	ification)						
For further information concerning this matter, please call:							
CHRISTAL MAES 479 at (531-3179						
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 amount:							
□ \$25 Filing Fee	\$55 Filing Fee & Certified Copy						
INHS18 (2/14)							

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.

. Na	me of the limited liability company: UBIX NOW, LLC	,			<u>,, , , , , , , , , , , , , , , , , , ,</u>
2. (a)	1601 SHARKS TOOTH TRAIL		(b) 1601 SHA	ARKS TOOTH T	RAIL
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(")	_	Timited liability company: E POST OFFICE BOX)
	PANAMA CITY BEACH, FL 32413	<u>—</u>	PANAMA	А СІТУ ВЕАСН.	FL 32413
	07/12/2018		 L18000168	396	
β _.	Date of filing/registration in Florida	- 4,		Document nur	nber
	CHRISTAL J. MAES	.,			
5. (a)	Registered Agent and Registered Office shown on the records of t	he Flor	rida Dept, of Sta	ite:	
	16 CANNONBALL LANE				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_	2022 (SEC)
(b)	INLET BEACH, FL	32461		_	FILED 2022 OCT 27 PH 1: 1 SECRETARY OF STA- TALLAHASSEL FI
	CHRISTAL J. MAES			_	ASSER PH TO
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :				1: 19 STATE
	1601 SHARKS TOOTH TRAIL				;ri W
	NEW Registered Office Address:			_	
	PANAMA CITY BEACH . FL	32413		_	
change agent v was/we he arti	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the little of a member or authorized representative of a member by accept the appointment as registered agent and agrations of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I have	regist ability of the I limite —	ered office at company, it imited liability could have the this can be controlled to the can be	nd the business is hereby confir ity company or a mpany. AES Printed or typed practive of further	office of the registered med that the change(s) as otherwise provided in name of signee

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

Signature of Registered Agent