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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 : (813)436-5206

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

Ema			

LLC REGISTERED AGENT CHANGE HAVE SPACESUIT LLC

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Helioct - 3 2023

K. Brumbley

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 hability 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 fiability company: HAVE SPACESUM	I LLC	
2. (a)		(b)	
	Principal office address of limited liability company; (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	07/27/18	L1800	0181559
3.	Date of filing/registration in Florida	4.	Document number
5. (a	LEGALINC CORPORATE SERVICES		
	Registered Agent and Registered Office shown on the records of the	he Florida Dept.	of State:
	476 RIVERSIDE AVE.		
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	- · -
	JACKSONVILLE , FL	32202	
(b)	Registered Agents Inc		~~ ~~
(17)	Enter name of NEW Registered Agent and/or NEW Registered (Office address:	
	7901 4th St N		2023 DCT -2 PH 12:
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg . FT.	33702	PH 12: 40
the ch agent was/w the art	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia tere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the land.	the registered bility compan I the limited li iinited liabilit	office and the business office of the registered by, it is hereby confirmed that the change(s) liability company or as otherwise provided in ty company.
	nture of a member or authorized representative of a member	Robin Jone	Printed or typed name of signee
I here provis the ob to mer notifie	by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided why reflect a change in the registered office address. I had in writing of this change. David Roberts - Assistant Secure of Registered Agent	performance i I for in Chapta creby confirm	is capacity. I further agree to comply with the