Division of Corporations



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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.

Email	Address:	:		
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LLC REGISTERED AGENT CHANGE **SBCHAT LLC**

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8/9/2023 07 41 32 PDT - To: 18506176383 Page: 2/2 From: Registered Agents Inc Fax: 8134365206

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.

L N	ame of the limited liability company:		
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)
	08/08/18		000189728
3.	Date of filing/registration in Florida	4.	Document number
5. (a	UNITED STATES CORPORATION AGENTS, INC.		
. (0	Registered Agent and Registered Office shown on the records of t		
	476 RIVERSIDE AVE		
	Registered Office Address <u>(MUST BE FLORIDA STREET A</u>		
	JACKSONVILLE FL	32202	2023
(b)	Registered Agents Inc		APPRO 2023 AUG - 9 (高) (高) (高)
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	·	
	7901 4th St N	19 2 19 ED	
	NEW Registered Office Address:	7: 16	
	STE 300		••
	St. Petersburg	33702	
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 ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registere bility compa f the limited	d office and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company.
Sign	Tube in June 19		Printed or typed name of signee
I here provis the ob to mer notifie	by accept the appointment as registered agent and agricins of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change.	performance I for in Chap ierchy confu	his capacity. I further agree to comply with the of my duties, and I am familiar with and accept over 605, F.S. Or, if this document is being filed om that the limited liability company has been
	Cid Coeffs David Roberts - Assistant Se ire of Registered Agent	естетагу	