L18000210077

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer.				

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2022 MAY 19 AM 8: 28

ELHAY 19 AHIL

A. BUTLER MAY 2U 2022 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	120000001	95		
	REFERENCE	:	692352	8281792		
	AUTHORIZATION	:		,		
	COST LIMIT	:	Struck Co	eno		
ORDER DATE : M						
ORDER TIME :	8:03 AM					
ORDER NO. : 6	92352-022					
CUSTOMER NO:	8281792					
						
CHANGE OF AGENT						
NAME.	OFFLINE VENTU	סביכ	LLC			
NELTE.	OII BIND VENTO	KUD	, 11114			
PLEASE RETURN T	HE FOLLOWING AS	PRO	OOF OF FILI	NG:		
CERTIFI:						
						
CONTACT PERSON:	Alexxis Weilar	nd -	EXT#			

EXAMINER:

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.

1. Na	ame of the limited liability company: OFFLINE VENT	TURES	, LLC			
` ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:			
	370 NE 158TH STREET		370 NE 15	(<u>Note: MAY BE POST OFFICE BOX)</u> 58TH STREET		
		MIAMI, FL 33162				
	MIAMI, FL 33162		MITAIVII, FL	. 33102		
	09/04/2018		L18000210	077		
3.	Date of filing/registration in Florida	4.	-	Document number		
5. (a)						
. (u,	Registered Agent and Registered Office shown on the records of	the Flori	ida Dept, of State	:		
	LITTLEWOOD, CODY W					
	Registered Office Address (MUST BE FLORIDA STREET	<u>ADDRE</u>	SS)			
	370 NE 158TH STREET					
	MIAMI	33162	2			
	, Fi	~				
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>					
	Corporation Service Company					
	NEW Registered Office Address:					
	1201 Hays Street		<u>.</u>			
	Tallahassee FI	32301				
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited like authorized by an affirmative vote of the members called of organization or the operating agreement of the	registe ability of of the li	red office and company, it is mited liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in		
/s/ (Cody Littlewood	Co	ody Littlewood	, Authorized Person		
Signat	ture of a member or authorized representative of a member			Printed or typed name of signee		
provisi he obli o mere	by accept the appointment as registered agent and agr ons of all statules relative to the proper and complete igations of my position as registered agent as provide ily reflect a change in the registered office address, I i I in writing of this change.	ree to a perform d for in hereby	et in this capa nance of my d Chapter 605, confirm that ti	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been		
	/Grace E. Kirby		Grace E. Kirby, Asst Vice President			
Signatur	re of Registered Agent					