

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000165782 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

Email Address:

LLC REGISTERED AGENT CHANGE IMPACT INTERSECTION LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$25.00 |

Electronic Filing Menu Corporate Filing Menu

Help

T. LEMIEUX

 \sim

MAY 0 4 2023

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 | me of the limited liability company: IMPACT INTE | RSEC | CTION LL | <u>C</u> | | | |
|-------------------------|-----------------------------------|--|--|--|---|-------------------------------------|----------------------|--|
| 2. | (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ (1 | h) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | | |
| 3. | | 12/05/2018 Date of filing/registration in Florida | 4. | <u>L180002</u> | 79962 Document numb | per | | |
| 5. | (a) | Northwest Registered Agent, LLC Registered Agent and Registered Office shown on the records of the 476 RIVERSIDE AVE. Registered Office Address (MUST BE FLORIDA STREET AL | | | ate: | | | |
| | (b) | JACKSONVILLE , FL. ; Northwest Registered Agent LLC Enter name of NEW Registered Agent and/or NEW Registered O | | | | · · · · · · · · · · · · · · · · · · | 2623 F. F. | |
| | | 7901 4th St N NEW Registered Office Address: STE 300 | | | _ | | Y-3 PH 2: | <u>;</u> |
| | | St. Petersburg , FL 3 | 33702 | | _ | - 7 | 37 | |
| the age wa the | e cha ent v is/we e arti | mited liability company is not organized under the lawsinge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li | he regi pility co the lin | stered offic ompany, it i nited liabili | e and the business is hereby confirme ty company or as | s office o | of the ro ie chan | egistered ge(s) |
| 1/6 | <u> </u> | ure of a member or authorized representative of a member | Nat | t Smith | Printed or typed na | me of vian | | ., |
| I h pro the to | nerel ovisi obl mere | by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I he I in writing of this change. | e to ac erform for in (ereby c | t in this cap lance of my Chapter 60, onfirm that | nacity - I further a | aree to c | omnly | with the nd accept ing filed s been |

Yignatury of Registered Agent