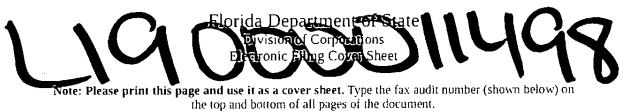
Division of Corporations



(((H25000041582 3)))



H2500004158234BC

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone : (813)436-5206 Fax Number

\*\*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 SHANE PICKERILL DESIGN LLC

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2/3/2025 12:11:00 PST To: 18506176383 Page: 2/2 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.

1. Na	une of the limited liability company:	LL DESI	GN LLC		
2. (a)		ſ	b)		
- ,-,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	<del></del>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	7901 4th St N STE 300	_	7901 4th St N STE 300		
	St. Petersburg FL 33702	_	St. Petersburg FL 33702		
	01/09/19		L19000011	498	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	PICKERILL, SHANE D				
). (u)	Registered Agent and Registered Office shown on the records of t	ite:			
	7254 Gettysburg Dr				
	Registered Office Address [MUST BE FLORIDA STREET].	_			
				-1.C 23	
(b)	New Port Richey, FL	FILED 2025 FEB -3 AM SECRETARY OF TALLAHASSLET			
	Northwest Registered Agent LLC				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>				
	7901 4th St N	STATE			
	NEW Registered Office Address:				
	STE 300	_			
	St. Petersburg	33702			
the cha agent w was/we the arti	imited liability company is not organized under the law inge 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 cless of organization or the operating agreement of the	vs of the the regability c If the lir	istered offic ompany, it nited liabili	ee and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in impany.  Nat Smith	
	ture of a member or authorized representative of a member			Printed or typed name of signee	
provisi the obli to mere notifica	by accept the appointment as registered agent and agrons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I firm writing of this change.	ce to ac perforn I for in terchy o	t in this cap lance of my Chapter 60 confirm that	pacity. I further agree to comply with the duties, and I am Jamiliar with and accepts, F.S. Or, if this document is heing filed the limited liability company has been	
	Taylor Newman - Assistant Se				