Florida Department

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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

Fax Number

: (813)436-5206

ttEnter£the email address for this business entity to be used for future

ৰিনিম্বা report mailings. Enter only one email address please.** Email Address:

LLC REGISTERED AGENT CHANGE INNER SUPREME LLC

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY 2 4 7

Pursu submi Floria	ant to the provisions of sections 605.0114 or 605.0116 ts the following statement in order to change its reg la.	, Florida Stati gistered office	ites, the undersigned limited liability company or registered agent, or both, in the State of	
I. N	ame of the limited liability company: INNER SUPREM	E LLC		
2. (a)		(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of fimited liability company: (Note: MAY BE POST OFFICE BOX)	
	01/17/19	L1900	0019493	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	UNITED STATES CORPORATION AGENTS, INC.			
	Registered Agent and Registered Office shown on the records of 476 RIVERSIDE AVE.	of State:		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	JACKSONVILLE FL	32202	20	
(b)	Northwest Registered Agent LLC		20241134-3	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	ئى ئ	
	7901 4th St N			
	NEW Registered Office Address:		بب	
	STE 300	•••		
	St. Petersburg , FL	33702		
the chagent was/was/was/was/was/was/was/was/was/was/	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 hat ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registered ability compan of the limited li	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in	
1V	ature of a member or authorized representative of a member	Nat Smith		
I here provis the ob to mer notifie	by accept the appointment as registered agent and agrions 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 is discovered in writing of this change. Taylor Newman - Assistant So	performance of d för in Chapte hereby confirm	Printed or typed name of signee s capacity. I further agree to comply with the of my duties, and I am familiar with and accept or 605, F.S. Or, if this document is being filed that the limited liability company has been	
Signati	ire of Registered Agent			