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(Re	equestor's Name)	
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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: F(00 WOF) Name of Limite	d LLC ed Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change	and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to	the following:			
Santi Y Villamaria	<u> </u>			
Frog World L	LC		2019 K	
2345 Glot Lane Na Address	rth		2019 KAY 13 PH 2: 4	FILED
Sound Petersburg, FL, US, 33 City/State and Zip Code	5710	7.27	H 2: 16	í' C
SVIllama Damail. Com E-mail address: (to be used for future annual report n	otification)			
For further information concerning this matter, please call:				
Scioti Y VIII amaria at (21) Name of Person	O) 601-9427 Area Code & Daytime Telephone	Number	-	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:				
S \$25 Filing Fee □	☐ \$55 Filing Fee & Certified Copy			

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. N	ame of the limited liability company: Frog World LLC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) 2345 6 St Cine NOTH Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite 428 Saint Petersburg
	Suite 428 Saint Petersburg, Clearwater, FL, 33761 Florida, US, 33710
	S:OAM/ March 06.2019 Date of filing/registration in Florida 4. Document number
3.	
5. (a)	Santi Y VIIIamaria
	Registered Agent and Registered Office shown on the records of the Florida Dept, of State:
	1668 25th Avenue North
	Registered Öffice Address (MUST BE FLORIDA STREET ADDRESS)
	Saint Petersburg .FL 33713
(b)	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	N2
	NEW Registered Office Address:
	NA FL
If the I	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after
the cha agent v was/w	ange or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in
tne art	icles of organization or the operating agreement of the limited liability company.
Stépa	ture of a member or authorized representative of a member Printed or typed name of signee
provis. the obi to mer	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address. I hereby confirm that the limited liability company has been d in writing of this change.
Signatu	re of Registered Agent