**Division of Corporations** 

## Florida Department of State

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.

(((H25000081636 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 : I2009000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

½Email Address:\_\_\_

## LLC REGISTERED AGENT CHANGE **ONTRADIGITAL LLC**

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

Electronic Filing Menu

Corporate Filing Menu

Help

Mar 04, 2025 09:21 - - , To: +18506176383 Page: 2/2 Fax: 18134365206

## 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: ONTRADIGITAL	LLC 	
2. (a)		(b)	
(-,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	7901 4th St N STE 300		901 4th St N STE 300
	St. Petersburg FL 33702		it, Petersburg FL 33702
	03/07/19	Li	9000066143
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	UNITED STATES CORPORATION AGENTS, INC.		
J. (11)	Registered Agent and Registered Office shown on the records of	the Florida Di	ept. of State:
	476 RIVERSIDE AVE.		
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	
(b)	JACKSONVILLE FL  Northwest Registered Agent LLC		FIL  2025 MAR -4  SECRITARESSE FALLANASSE
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 7901 4th St N		AR C
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg , FL	33702	
the cha agent w was/we the arti	imited liability company is not organized under the large or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	f the register ability comp of the limite	red office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in bility company.
	ture of a member or authorized representative of a member		Printed or typed name of signee
I herel provisi the obl to mere	by accept the appointment as registered agent and agreens of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I i jn writing of this change.	performand d för in Chu hereby conf	this canacity. I further agree to comply with the
Signatur	/ Variable 1 Aylor Newman - Assistant Server of Registered Agent	ecretary	