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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  $\cdot \cdot \cdot$  annual report mailings. Enter only one email address please.\*\*

Email Address:\_

## LLC REGISTERED AGENT CHANGE **TUIDA PRODUCTS LLC**

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APR - 1 2021

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## 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.

l. N	ame of the limited liability company: 1010/	A PRODUCTS LLC
2. (a)	3234 SW SAVONA BLVD.	(b) 3234 SW SAVONA BLVD.
() _	Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	y: Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	PORT SAINT LUCIE, FL 34953	PORT SAINT LUCIE, FL 34953
	06/18/2019	L19000161019
3.	Date of filing/registration in Florida	4. Document number
5. (a)	API PROCESSING - LICENSING, INC.	
>1 ( <del>u</del> ,	Registered Agent and Registered Office shown on the reco	rds of the Florida Dept, of State:
	3419 GALT OCEAN DRIVE	
	Registered Office Address (MUST BE FLORIDA ST	
	SUITE A	
	FORT LAUDERDALE	
(b)	Enter name of NEW Registered Agent and/or NEW Reg	Stered Office address:
	NEW Registered Office Address:	
	STE 300	
	St. Petersburg	_, <sub>FL</sub> 33702
the chagent was/v	ange or changes are made, the Florida street addi will be identical. Or, in the case of a Florida lim	he laws of the State of Florida, it is hereby confirmed that after ess of the registered office and the business office of the registered ited liability company, it is hereby confirmed that the change(s) bers of the limited liability company or as otherwise provided in of the limited liability company.  Riley Park
<u>ر: لر</u> Sign	ature of a member or authorized representative of a member	Printed or typed name of signee
I here provi: the ol to me	eby accept the appointment as registered agent a sions of all statutes relative to the proper and cor digations of my position as registered agent as p rely reflect a change in the registered office addr ed in writing of this change.	nd agree to act in this capacity. I further agree to comply with the uplete performance of my duties, and I am familiar with and accept ovided for in Chapter 605. F.S. Or, if this document is being filed ess, I hereby confirm that the limited liability company has been istant Secretary