Florida Department of State **Division of Corporations Electronic Filing Cover Sheet** 

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H210003120363ABCS

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To:

Division of Corporations Fax Number : (850)617-6383

From:

Account	Name	:	REGISTERED AGEN	TS.	INC.
Account	Number	:	I20090000081		
Phone		:	(307)200-2803		
Fax Numb	ber	:	(855)330-1010		
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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.

a)	Principal office address of limited liability company: ( <u>Note: MUST BE STREET ADDRESS</u> )		0)N	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	08/21/2019	-	L190002	13605		
	Date of filing/registration in Florida	4.		Document number		
(a)	UNITED STATES CORPORATION AGENTS					
-	Registered Agent and Registered Office shown on the records of th	ne Florid	la Dept. of State	:	2021	Ji∧i(
	5575 S. SEMORAN BLVD.				2021 AUG 19	NO:
	Registered Office Address (MUST BE FLORIDA STREET A)	DDRES	<u>(S)</u>		5	ę
	36					803
	Orlando FL	3282	2		AM 10: 1	P05.A
b)	Registered Agents Inc.				רן ינ רו	164
0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> (	Office a	ddress:			
	7901 4th St N					
	NEW Registered Office Address:					
	STE 300					
	St. Petersburg	3370	2			

Riley Park Signature of a member or authorized representative of a member

Printed or

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or. if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Bill Havre - Assistant Secretary

Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00

## FAX COVER SHEET

ТО	
COMPANY	
FAXNUMBER	18506176383
FROM	James Tanks III
DATE	2021-08-19 09:39:21 CST
RE	Order# 13820692 SO Slender Swift LLC- Line#3

## COVER MESSAGE

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James H Tanks III Senior Fulfillment Associate CT Corporation

Team (614) 280-3338 <u>GlobalFulfillmentTeam@wolterskluwer.com</u> james.tanks@wolterskluwer.com FILED STATE

## 4400 Easton Commons Way Suite 125 Columbus, Ohio 43219 www.wolterskluwer.com

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