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(((H25000045789 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (323)372-3532

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

| Email | Address: | | |
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LLC REGISTERED AGENT CHANGE MAD LEGACY, LLC

| Certificate of Status | 0 |
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T. LEMIEUX

FEB - 7 2025

Electronic Filing Menu Corporate Filing Menu

Help

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY $(((H25000045789\ 3))))$

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: MAD LEGACY. | LLC | | | |
|---|---|---|---|--|--|
| 2. (a) | | |) | | |
| , , | Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS) | | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| | 648 Northeast Third Avenue | | 648 Northeast Third Avenue | | |
| | Fort Lauderdale, FL 33304 | - · | Fort Lauderdale, FL 33304 | | |
| | 08/22/2019 | ! | L190002149 | 963 | |
| 3. | Date of filing/registration in Florida | - _{4.} - | | Document number | |
| 5. (a) | | | | | |
| 2, (4) | Registered Agent and Registered Office shown on the records of | the Florida | Dept. of Stat | - c: | |
| | D.A. Eddy, PLLC | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | - | |
| | 648 Northeast Third Avenue | | | | |
| | Fort Lauderdale FI | | | 2025 | |
| | . [1 | | | - E3 | |
| (b) | | | | 1 | |
| · | Enter name of NEW Registered Agent and/or NEW Registered | l Office add | l <u>ress</u> : | - Cri | |
| | LECALISA CORRODATE CERVICES INC | | | | |
| | LEGALINC CORPORATE SERVICES INC. | | | - · № | |
| | NEW Registered Office Address: | | | · ~~ | |
| | 476 Riverside Ave. | | | - | |
| | Jacksonville FI | 32202 | | | |
| change agent v was/w the arti | imited liability company is not organized under the large or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of organization or the operating agreement of the hustoper lark | ws of the 3 registered ability cor of the limi limited li | d office and upany, it is ted liability | d the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in | |
| Signa | dure of a member or authorized representative of a member | | Printed or typed name of signee | | |
| provisi the obi to men notifie | by accept the appointment as registered agent and agritions of all statutes relative to the proper and complete ligations of my position as registered agent as provide elv reflect a change in the registered office address, it din writing of the change. | performa d för in Ci | nce of my e hapter 605 | duties, and I am familiar with and accept , F.S. Or, if this document is being filed | |