## 900 Division of Compositions

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(((H24000043425 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SPI AGENT SOLUTIONS, INC.

Account Number : I20230000143 Phone : (888)314-3998 Fax Number : (518)514-1288

\*\*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 PALACE MARLIN LLC

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Help!

To.

## COVER LETTER

	gistration Section vision of Corporations		•			
SUBJECT	PALACE MARLIN LEC					
		Name of Limited Liability Company				
Dear Sir or	Madam:					
The enclose	ed Registered Agent/Registered O	ffice Change and	I fee(s) are submitted for filing.			
Please retur	rn all correspondence concerning	this matter to the	following:			
Joe DiGneta	uto					
	Name of Person					
SPI Agent S	solutions, Inc.					
	Firm/Company		_			
524 S 2nd S	t Ste 505					
	Address		<del></del>			
Springfield	11. 67201					
	City/State and Zip Code					
E-mai	I address: (to be used for future ar	nnual report noti	fication)			
For further	information concerning this matte	er, please call;				
Joe DiGaeta	illo	512 at (	309-1153			
	Name of Person		Area Code & Daytime Telephone Number			
Re Di P (	niling Address: gistration Section vision of Corporations D. Box 6327 Hahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
En	closed is a check for the followin	ig amount:				
	\$25 Filing Fee	<u> </u>	555 Filing Fee & Certified Copy			
INHS18 (2/I	4)					

. Page. 4 of 4

To:

## 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 Statues, 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.

	me of the limited liability company.  2435 NORTH CENTRAL EXPRESSWAY #104 12th FL.		2435 N	ORTH CENTRAL EXPRESSWAY #104 12th	
2. (a)	Principal office address of limited hability company (Note: MUST BE STREET ADDRESS)		(b) <u></u>	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	
	Richardson, TX 75080		Richardson, TX 75080		
	09/04/2019	<del>-</del> -	L190002	24520	
3.	Date of filing/registration in Florida	<b>-</b> 4.		Document number	
- , .	UNIVERSAL REGISTERED AGENTS, INC				
5. (a)	Registered Agent and Registered Office shown on the records of	the Flor	ida Dept of S	tate	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	(SS)	<del>_</del>	
	1317 CALIFORNIA ST.			s 😕	
	TALLAHASSEE , FI	32304		2024 FEB SECKLA TALLA	
(b)	SPI AGENT SOLUTIONS, INC.			HAT -	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			AMII: 20 SSEE, FL	
	NEW Registered Office Address:				
	1540 GLENWAY DR			<u> </u>	
	TALLAHASSEE FI	32301		<del></del>	
change agent v was we	imited liability company is not organized under the late or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of the organization or the operating agreement of the	e registe ability of the li	ered office a company, d mited liabi	and the business office of the registered t is hereby confirmed that the change(s) buty company or as otherwise provided in	
	Arthur Hood	A	rthur Hood N	Manager	
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee	
provisi the obl to mere	by accept the appointment as registered agent and age ons of all statutes relative to the proper and complete ignions of my position as registered agent as provide ily reflect a change in the registered office address. I I'm writing of this change.	perfor. d for it	mance of m Chapter (i	v duiles, and Lam familiar with and accept 05, F.S. Or, if this document is being filed	
Signatu	1001 (ALL) re of Registered Agent				