(shown below) on the top and bottom of all pages of the document.

(((H21000074084 3)))



H210000740843ABC-

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 : I20090000081

: (307)200-2803

Fax Number

: (855)330-1010

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

Email Address:\_

## LLC REGISTERED AGENT CHANGE STAMPEDE AMERICA, LLC

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

FEB 24 2021

M. SOLOMON

Electronic Filing Menu

Corporate Filing Menu

Help

2:

## 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.

	170 Lorelane Place	O Lorelane Place  (b) 170 Lorelane Place				
(a) _	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	ess of limited liability company:		Mailing address of limited liability company: (Note: MAY BE POST OFFICE ROX)		
			Suite	100		
	Key Largo, FL 33037		Key La	rgo, FL 33037	<del> </del>	
	10/23/19		L19000	)266307		
	Date of filing/registration in Florida	4.		Document number		
(a)	Ashley McElheny					
(11)	Registered Agent and Registered Office shown on the records o	the Florida	Dept. of St	ate:		
	170 Lorelane Place					_
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES!	<u> </u>	_		2021
	Suite 100				£έ	13
	Key Largo F	<sup>L</sup> 3303	7	-	5337	FEB 23
(b)	Registered Agents Inc.				120 E 2011	FH 4: 19
(-,	Enter name of NEW Registered Agent and/or NEW Registere	d Office ad	dress:		32	<del></del>
	7901 4th St N				•	W.
	NEW Registered Office Address:			<del></del>		
	STE 300	,				
	St. Petersburg	լ3370	2			
ent v is/we	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited at the earth orized by an affirmative vote of the members cles of organization or the operating agreement of the	of the regi liability c of the lin	stered offi ompany, it nited liabil	ice and the business of he is hereby confirmed tha lity company or as other	re of the re- if the chang	gistere: je(s)
<u>_:(</u>	un tak.	Ril	ey Park	Divide and served		<del></del>
•	ture of a member or authorized representative of a member			Printed or typed name of a		niele ele
verei ovisi	by accept the appointment as registered agent and a ons of all statutes relative to the proper and complet igations of my position as registered agent as provid	gree to ac e perforn	i in this co iance of m Chapter 6	ipacity. 1 juriner agree t y duties, and I am famili D5 FS Or if this docu	o compty v ar with and ment is hei	vuu in 1 acce <sub>i</sub> ne file

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

Signature of Registered Agent