To. 18506176383

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**Division of Corporations** 

From: Registered Agents Inc.

Fax: 8134365206

Florida Department of State

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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 : (813)436-5206

\*\*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 **BABY GORILLA TOWING, LLC**

Certificate of Status	0
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JAN 23 2024 K. Brumbley

## 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.

1. Na	nme of the limited liability company:	ng, LLC	
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	01/17/20	L200	000025153
3.	Date of filing/registration in Florida	4,	Document number
5. (a)	Inc Authority		
(4)	Registered Agent and Registered Office shown on the records of the second of the secon	the Florida Depi	t. of State.
	Registered Office Address	(DDRESS)	
	390 North Orange Ave., Ste. 2300-N		
	Orlando .FL	32801-1684	20
(b)	Registered Agents Inc		1024 JAN 23
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office address	2
	7901 4th St N		B PH 12:
	NEW Registered Office Address:		<del></del>
	STE 300		53 
	St. Petersburg , FL	33702	
the cha agent v was/we	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registere ability compa- of the limited limited liabil	d office and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company.
<u> </u>	har yany	Robin Jor	Printed or typed name of signee
I herei provisi the obl to mere	ture of a member or authorized representative of a member by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I led in writing of this change.	ce to act in to performance d for in Chap hereby confir	his capacity. I further agree to comply with the
T avi	David Roberts - Assistant Se	ecretary	