Division of Corporations



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Division of Corporations

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Account Name : COMPUTERSHARE Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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LLC REGISTERED AGENT CHANGE PULP FICTION, LLC

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HAY 0 3 2024

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.	Name of the limited liability company: PULP FICTIO		CTION, LLC	
2.	(a)	118 N PETERS RD	_ (b)	118 N PETERS RD
	, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (5,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		132		132
		KNOXVILLE, TN 37923		KNOXVILLE, TN 37923
		01/29/2020		L20000035092
3.		Date of filing/registration in Florida	4.	Document number
5.	(a)	SWITKES & ZAPPALA PA		
	(,	Registered Agent and Registered Office shown on the records of th	e Florida Dept.	of State:
		407 LINCOLN ROAD		
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	
		STE: PH-SE		
		MIAMI BEACH , FL_	33139	207
	(b)	Corporate Creations Network Inc.		2024 HAY - 2
	ζ-,	Enter name of NEW Registered Agent and/or NEW Registered C	Office address:	-2
		801 US Highway I		
		NEW Registered Office Address:		2: 02
		North Palm Beach , FL	33408	
chage wa the	ange ent v is/we e arti	imited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liabore authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liabore of a number or authorized representative of a member	egistered officility company the limited limit	ce and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
-5	Signal	ture of a normber or authorized representative of a member		Printed or typed name of signee
pro the to no	oviși e obli mere tified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete point of my position as registered agent as provided pely reflect a change in the registered office address, I he I in writing of this change.	erformance o for in Chapte reby confirm	f my duties, and I am Jamiliar with and accept r 605, F.S. Or, if this document is being filed that the limited liability company has been
Si	gnatu	John Perez, Sp	eciai sec	retary