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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 : (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.**

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LLC REGISTERED AGENT CHANGE PAIDLY LLC

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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: PAIDLY LLC									
ว	(a) 7901 4th St N			(b) 7901 4th St N					
<u>.</u> .	(4)	Principal office address of limited tiability company: (Note: MUST BE STREET ADDRESS)	fice address of limited liability company:			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		STE 300	STE 300						
		St. Petersburg, FL 33702	_	St. Peter	rsburg, FL 33702		···		
		04/17/20	L20000105668						
3.		Date of filing/registration in Florida	4.		Document number				
5	(a)	LEGALINC CORPORATE SERVICES INC.							
<i>J</i> .	(14)	Registered Agent and Registered Office shown on the records of the	ne Florid	a Dept. of State	- <u>-</u>				
		5237 SUMMERLIN COMMONS			_	_	~		
		Registered Office Address (MUST BE FLORIDA STREET A	DDRES.	<u>5)</u>		-	Ø21 ₋		
		SUITE 400			-		2021 APR 27		
		FORT MYERS , FL	3390	7	_	, 3 °.	27		
	(b)	Registered Agents Inc. Enter name of NEW Registered Agent and/or NEW Registered Company (NEW Registered Office Address:	Office ac	ldress:	-		Pri 1:43		
		STE 300							
			3370	2	- -				
the age wa	cha ent v s/w	imited liability company is not organized under the law inge 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 l	the reg bility c f the lir	istered office ompany, it i nited liabilit	e and the business offi s hereby confirmed th y company or as other	ice of the at the ch	e registered ange(s)		
R	مان	y Park	Ril	ey Park		• • •			
		sture of a member or authorized representative of a member	aa to ee	e in this san	Printed or typed name of	-	dy with the		
pre the to	ovis ner iije	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address. In d'in writing of this change. Bill Havre - Assistant	perform l for in wereby o	iance of my Chapter 602 confirm that	auties, ana τ am jamu 5. F.S. Or. if this doci	uar wun iment is	ana accept being filed		

Signature of Registered Agent