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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

්බ්Email Address:_

**Enger the email address for this business entity to be used for future with an incompanion of the control of

LLC REGISTERED AGENT CHANGE **KUMUBALLC**

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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.

2. (a)		(b)				
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		-					
	07/17/2020		L20000	207894			
3.	Date of filing/registration in Florida	4.		Document num	ıber	***	
5. (a)	NORTHWEST REGISTERED AGENT LLC						
,	Registered Agent and Registered Office shown on the records of the	ie Florid	a Dept. of St	ate:			
	7901 4th St N STE 300, St. Petersburg.			_	ジ .,	~ 3	
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES:	<u>s)</u>		·••	7023 Y	
	MIAMI FL	33702	2		-	2	
(b)	Northwest Registered Agent LLC				· 	AH ID:	<i>C</i>
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office ac	ldress:		7 - 5	. :: ::::::::::::::::::::::::::::::::::	
	7901 4th St N				•		
	NEW Registered Office Address:			*****			
	STE 300			_			
	St. Petersburg , FLS	33702	<u> </u>	_			
the cha agent v was/wo	imited liability company is not organized under the law inge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	he regi bility co the lin	istered offi ompany, it nited liabil	ce and the busine is hereby confirm ity company or as	ss office o ned that th	f the reg e chang	sistere e(s)
M	Wt Smith	Na	t Smith			·	
J	ture of a member or authorized representative of a member			Printed or typed n			
provisi he obl o merc	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ly reflect a change in the registered office address, I he I in writing of this change.	e to ac perform for in l greby c	t in this ca tance of my Chapter 60 confirm tha	pacity. I further of y duties, and I am D5, F.S. Or, if this t the limited liabi	agree to co familiar v s documen lity compa	omply we with and t is bein my has i	rith the ' accep 19 filed been

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

Taylor Newman - Assistant Secretary

Signatur of Registered Agent