12/11/24, 2:56 PM

Division of Corporations

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(((H24000408050 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

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

| | Address: | | |
|-------|-----------|--|--|
| rmaıı | ADDITESS: | | |



LLC REGISTERED AGENT CHANGE CLEWIS ENTERPRISE USA LLC

| Certificate of Status | 0 |
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| Certified Copy | 1 |
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COVER LETTER

From: Candace Pringle

| TO: Registration Section Division of Corporations | |
|--|---|
| | RPRISE USA LLC |
| Nar | ne of Limited Liability Company |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Off | fice Change and fee(s) are submitted for filing. |
| Please return all correspondence concerning th | nis matter to the following: |
| Mike Town | |
| Name of Person | |
| Legalzoom.com. Inc. | |
| Firm/Company | |
| 9900 Spectrum Dr | |
| Address | |
| Austin, TX 78717 | |
| City/State and Zip Code | |
| lewis.enterpriseusa@gmail.com | |
| E-mail address: (to be used for future and | nual report notification) |
| For further information concerning this matter | please call: |
| Mike Town | 800 773-0888 ext 9724 |
| Name of Person | Area Code & Daytime Telephone Number |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, Florida 32314 |
| Enclosed is a check for the following | g amount: |
| S25 Filing Fee | \$55 Filing Fee & Certified Copy |

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

| I. N | iame of the limited liability company: C.LEVVIS | O EIN | ICKPI | TIDE UDA LLU | | |
|--|--|------------------------|--|---|--|--|
| | | | | Mailing address of limited liability company: | | |
| , | Principal office address of limited trability company: (Note: MUST BE STREET (DDRESS)) | | | Mailing address of limited liability company: 6Note: MAY BE POST OFFICE BON | | |
| | 10231 SW 4TH COURT 209 | | 4300 N | University Drive F-100 | | |
| | | | | | | |
| | PEMBROKE PINES, FL 33025 | | Laudern | ill, FL 33319 | | |
| | 07/27/2020 | | L200002 | 20545 | | |
| 3. | Date of filing/registration in Florida | 4. | | Document number | | |
| 5. (a | 1 | | | | | |
| Registered Agent and Registered Office shown on the records of the Florida Dept. of State: LEWIS, CHRISTINA K | | | | | | |
| Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | | | | |
| | 10231 SW 4TH COURT 209 | | | | | |
| | PEMBROKE PINES . F | 33025 | <u> </u> | - | | |
| | . Fi | l | - | - | | |
| (b) | | | | | | |
| (0) | Enter name of NEW Registered Agent and/or NEW Registered | d Office as | idress: | - | | |
| | | . | | | | |
| | UNITED STATES CORPORATION AGEN | _ | | | | |
| | NEW Registered Office Address: | | | · 1 | | |
| | 476 Riverside Ave. | | | - | | |
| | Jacksonville F | 32202 | 2 | | | |
| | | | | - | | |
| If the | limited liability company is not organized under the la ange or changes are made, the Florida street address o | iws of the | e State of Flo istered offici | orida, it is hereby confirmed that after a and the business office of the registered | | |
| agent | will be identical. Or, in the case of a Florida limited I | iability c | ompany, it i | s hereby confirmed that the change(s) | | |
| was/w the art | vere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the | or the nr e limited | med naomi liability con | npany. | | |
| Free | le Treutlein | Eri | ik Treutleir | 1 | | |
| | ature of a member or authorized representative of a member | | . | Printed or typed name of signee | | |
| provis the ob- to men | eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address, l ed in writing of this change. | ed for in hereby c | vance of my Chapter 603 confirm that | acity. I further agree to comply with the duties, and I am lamiliar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been | | |
| | e Tractlein CORPORATION AGENTS, INC. | , UNITED S | STATES | | | |
| | ure of Registered Agent | | | | | |