Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000278077 3)))



H2400027807734**BC**4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

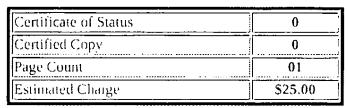
Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 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 NITROBLISS LLC



K. SALY AUG 2 0 2024



8/19/2024 13/23/31 PDF To 18506176383 Page, 2/2 Fax 8134365206

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605,0114 or 605,011b, 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.

l. Na	une of the limited liability company.		
. (a)		(b)	
	Principal office address of limited hability company, (Note: MUST BE STREET ADDRESS)		Mailing address of limited bability company: (Note: MAY BE POST OFFICE BOX)
	08/05/20	L2000	00235892
ì.	Date of filing/registration in Florida	-	Document number
5. (a)	ROBINSON, DUSTIN		
	Registered Agent and Registered Office shown on the records	s of the Florida Dept.	
		-	
(ħ)	Registered Office Address (MUST BE FLORIDA STREE	E <u>T ADDRESS)</u>	
	1000 SE 2ND ST APT 6		2924
	FORT LAUDERDALE	FL ³³³⁰¹	TILE TALLWHASSI
	Registered Agents Inc		TAMASSEN FI
	Enter name of <u>NEW Registered Agent</u> and or <u>NEW Register</u>	red Office address;	
	7901 4th St N		FILEU 1024 AUG 19 AM 4: 11 1024 AUG 19 AM 4: 11
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg	33702 FL	
he cha igent v vas/we	imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the membe cles of organization or the operating agreement of the control of the control of the control of the operating agreement of the control of the c	of the registered Hiability compar rs of the limited I	office and the business office of the registered by, it is hereby confirmed that the change(s) lability company or as otherwise provided in ty company.
- استاب الا Sign ا	time of a member or authorized representative of a member		Printed or typed name of signee
	by accept the appointment as registered agent and j		
provisi he obl	ons of all statutes relative to the proper and compli- igations of my position as registered agent as prov- ly reflect a change in the registered office address	ete performance e ided för in Chapt	of my duties, and I am kamiliar with and acce or 605, F.S. Or, if this document is being file

David Roberts

- Assistant Secretary