Fax: 8134365206 To: 18506176383 Page: 1/2 2/6/2025 11:49 48 PST 2/6/25, 2:47 PM Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 : (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 LYONS CO. LLC

Certificate of Status 0 Certified Copy 0 Page Count 02 Estimated Charge \$25,00

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T. LEMIEUX FEB - 7 2025 2/6/2025 11:49:48 PST 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 605,0116, Florida Statutes, the undersigned limited hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. 8	tame of the limited liability company: LYONS CO. ELC	•		
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)
	7901 4th St N STE 300		7901 4th S	St N STE 300
	St. Petersburg FL 33702		St. Petersburg FL 33702	
	08/12/20		L200002464	139
3.	Date of filing/registration in Florida	4.		Document number
5. (a	LYONS, NIKO F			
(11	Registered Agent and Registered Office shown on the records of			
	3680 461H AVE S			
	Registered Office Address (MUST BE FLORIDA STREET	-		
	#810			
	ST PERERSBURG	33711		-
	ST PERERSBURG	-		-
(b)	Registered Agents Inc			
,	Enter name of NEW Registered Agent and/or NEW Registered	-		
	7901 4th St N			<b>.</b>
	NEW Registered Office Address:	10.25		
	STE 300			
				- 7 - 1,
	St. Petersourg	33702		
	,			-
the chagent was/w	limited hability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the floridal member of a member or authorized representative of a member	f the reg iability c of the lir	istered office company, it is nited liabilit	c and the business office of the registered s hereby confirmed that thochange(s) y company or as otherwise provided in
Sign	ature of a member or authorized representative of a member			Printed or typed name of signee
provi: the ob to mei	thy accept the appointment as registered agent and ag tions of all statutes relative to the proper and complete digations of my position as registered agent as provide why reflect a change in the registered office address. I d in writing of this change.	ree to ac perforn ed for in hereby c	t in this cape rance of my Chapter 605 confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
	Durid Coests David Roberts - Assistant S	Secretary		
Signat	ure of Registered Agent			