Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (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.

Email	Address:	
CHICITY	Address.	

LLC REGISTERED AGENT CHANGE MAX ONE MARKETING LLC

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Page Count	02
Estimated Charge	\$25.00

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Electronic Filing Menu Corporate Filing Menu

Help

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

riorio				
1. N	ame of the limited liability company: MAX O	NE MARK	ETING LLC	
2. (a)	3208 EAST COLONIAL DRIVE	(b) 320	8 EAST COLONIAL DRIVE	
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	#267	#26	7	
	ORLANDO, FL 32803	ORL.	ORLANDO. FL 32803	
	08/14/20	L200	00255755	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a	, S Miller			
J. (a	Registered Agent and Registered Office shown on the records	of the Florida Dept. of	State:	
	3208 EAST COLONIAL DRIVE			
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)	NISION OF C	
	#267			
	ORLANDO	_{FL} 32803	g≺ _m	
			OF STALE RPORAL FOLLOW	
(b)				
	Enter name of NEW Registered Agent and/or NEW Registe	red Office address:	7	
	7901 4th St N			
	NEW Registered Office Address:			
	STE 300			
	St. Petersburg	_{FL} 33702		
the chagent was/v the ar Sign I her provi. the obto me	limited liability company is not organized under the nange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of the authorized representative of a member above accept the appointment as registered agent and assions of all statutes relative to the proper and completing to the proper and completing agent of the proper and completing agent as proved the proper and completely reflect a change in the registered office address and in writing of this change.	I liability company rs of the limited lia the limited liability Riley Parl agree to act in this eie performance of ided for in Chapter	office and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in company. K Printed or typed name of signee capacity. I further agree to comply with the finy duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed	

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

- Assistant Secretary

Bill Havre

Signature of Registered Agent