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.

(((H22000423616 3)))



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 AGENT SOLUTIONS INC

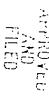
Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

Cm211	Address:			
EM911	Address:			

LLC REGISTERED AGENT CHANGE POLYHISTORICS, LLC

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DEC 1 6 2022 K. Brumbles

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Polyhistorics, LLC	
	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
Mary Castillo	
Name of Person	
Registered Agent Solutions, Inc.	
Firm/Company	
Corporate Center One, 5301 Southwest Pk	wy, Ste 400
Address	
Austin, TX 78735	
City/State and Zip Code	
E-mail address: (to be used for future annual re	eport notification)
For further information concerning this matter, pleas	se call:
Mary Castillo	888 705-7274
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 Tallahassee, Florida 32314
Enclosed is a check for the following amo	unt:
□ \$25 Filing Fee	S55 Filing Fee & Certified Copy
INHS18 (2/14)	

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.

Polyhistorics 110

1. Name of the limited liability company: ToryTisto 2. (a) 1711 PLATT ST		PLATT ST				
Principal office address of limited liability company:		Mailing address of limited hability company. (Note: MAY BE POST OFFICE BOX) MELBOURNE, FL 32901				
(<u>Note: MUST BE STREET ADDRESS)</u> MELBOURNE, FL 32901	MELR					
WILLBOOTTIVE, LE 32301		OUNIL, I	L 3231	U 1		
9/22/2020	L20000)299344				
3. Date of filing/registration in Florida	Date of filing/registration in Florida 4.					
5. (a) FIRST CORPORATE SOLUTION	NS, INC.					
Registered Agent and Registered Office shown on the records of 155 OFFICE PLAZA DRIVE	The Florida Dept. of State	- 2:				
Registered Office Address (MUST BE FLORIDA STREET	'ADDRESS)	•				
TALLAHASSEE,	_L 32301					
(b) Registered Agent Solutions, Inc.	·			2022 DEC	,	
Enter name of NEW Registered Agent and/or NEW Registere	d Office address:		-		—————————————————————————————————————	
155 Office Plaza Dr.	. 1110			16 PH		
NEW Registered Office Address:			751	.; ₹	ć	
Suite A			1 7 4	<u>.</u> 1		
Tallahassee _{, F}	_L 32301					
If the limited liability company is not organized under the la the change or changes are made, the Florida street address a agent will be identical. Or, in the case of a Florida limited l was/were authorized by an affirmative vote of the members the articles of organization or the operating agreement of th	of the registered office inbility company, it is of the limited liability	e and the busines s hereby confirm y company or as	s office of ed that the	f the re	egistered ge(s)	
/s/ Lindsey Ashooh	Lindsey Ash	ooh ,	Authoriz	ed S	igner	
Signature of a member or authorized representative of a member		Printed or typed na	me of signer	r,		
I hereby accept the appointment as registered agent and as provisions of all statutes relative to the proper and complet the obligations of my position as registered agent as provid to merely reflect a change in the registered office address, inotified in writing of this change.	gree to act in this capa e performance of my e ed for in Chapter 605 I hereby confirm that i	acity. I further a haics, and I am , F.S. Or, if this the limited liabil.	igree to co familiar w document ity compa	imply ith im t is bei ny has	with the d accept ing filed been	
Mackenzie Hart, Asst. Secretary Signature of Registered Agent						