Fax: 8134365206 Division of Corporations

Florida Department of State Division of Gorpora

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 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.

LLC REGISTERED AGENT CHANGE CDS MARKETING LLC

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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.

a)	7901 4th St N	(þ.	79	901 4th	St N
(α)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	#25442		#2	25442	
	St. Petersburg, FL 33702	_	St	. Petersi	burg, FL 33702
	10/27/2020	!	L20	000341	743
	Date of filing/registration in Florida	4.			Document number
a)	NORTHWEST REGISTERED AGENT LLC				
(111)	Registered Agent and Registered Office shown on the records of	the Florida	Dep	pt, of Sta	te:
	7901 4TH ST N				
(b) .	Registered Office Address <u>(MUST BE FLORIDA STREET</u>)	ADDRESS)	2		
	STE 300				
	ST. PETERSBURG FI	33702			_
	Registered Agents Inc Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	dres	<u>s</u> :	2025 JAN 17
	7901 4th St N				
	NEW Registered Office Address:				
	STE 300				AM 11: 0t
	St. Petersburg, FL	33702			- · · · · · · · · · · · · · · · · · · ·
ha: twe we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- ter authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regisability co	stero mp itec iab	ed offic any, it I liabili ility cor	te and the business office of the regist is hereby confirmed that the change(s
4.	ure of a member or authorized representative of a member		11.70		Printed or typed name of signee
115-14					a concura repou maise of Mence

Signature of Registered Agent

David Roberts

- Assistant Secretary