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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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LLC REGISTERED AGENT CHANGE REALTOKEN MERCHANDISING, 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

| | DoolTaka | ~ NA | robon | dicina IIC | | |
|--|---|--|---|--|---------------|-----------------------|
| 1. Na | me of the limited liability company: RealToke | :II IVIE | - | laising, LLC | | |
| 2. (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | | | |
| | 7901 4th St N STE 300 | | 7901 4 | th St N STE 300 |) | |
| | St. Petersburg FL 33702 | | St. Peter | rsburg FL 33702 | | |
| | 10/30/20 | | L2000 | 0345589 | | |
| 3. | Date of filing/registration in Florida | 4. | | Document number | | |
| 5. (a) | JACOBSON, REMY | | | | | |
| J. (u) | Registered Agent and Registered Office shown on the records of to 980 N FEDERAL HWY Registered Office Address (MUST BE FLORIDA STREET A | | | - e: - | | |
| | SUITE 110 | | | | | |
| | | 33432 |) | - | | |
| (b) | Northwest Registered Agent L Enter name of NEW Registered Agent and/or NEW Registered 7901 4th St N NEW Registered Office Address: | | dress: | | SECREPTY A | APPRO AND FILEI |
| | STE 300 | | | | A 3 € |) V:[|
| | St. Petersburg, FL | 33702 | 2 | <u></u> | 8: 3 3 | C. . |
| the cha agent v was/we the art Signa I here provise the ob- to mer | imited liability company is not organized under the lay ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagree authorized by an affirmative vote of the members of icles of organization or the operating agreement of the structure of a member or authorized representative of a member by accept the appointment as registered agent and agricultures of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I is din writing of this change. | the reginability confitted limited lim | ompany, it in ited liability is in this cap | is hereby confirmed that y company or as other upany. Doble | signee | y with the |

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

Tom Glover - Assistant Secretary

Signature of Registered Agent