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.

(((H20000409960 3)))



H200004099603ABC/

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 AGENTS INC.

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

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 POPUP PROJECT LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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.

I. Na	ime of the limited liability company:	opup Pr	oject LL	<u>C</u>				
	3930 NE SECOND AVENUE	<u>=</u>	(b) 7901 4th St N					
<u> </u>	Principal office address of limited liabili (Note: MUST BE STREET ADD	ity company:	_	Mailing address	of limited liability BE POST OFFIC		:	
	SUITE 100		STE	300	0			
	MIAMI, FL 33137		St. F	etersburg, FL	33702			
	11/09/2020		L200	00353533	353533			
3.	Date of filing/registration in F	lorida	4.	Document n	umber	***		
	ACTIVE FILINGS LLC							
5. (a)	Registered Agent and Registered Office shown	on the records of t	he Florida Dept. o	f State:				
	3030 N ROCKY POINT DR							
		RIDA STREET A	(DDRESS)					
	STE 150A							
	Tampa	171	33607					
(b)	Registered Agents Inc					1		
. ,	Enter name of NEW Registered Agent and/or	NEW Registered	Office address:			ز		
	7901 4th St N				;	CEC	,	
	NEW Registered Office Address:					· -		
	STE 300							
				***************************************		1,3		
	St. Petersburg	, FL	33702		-	5.5		
agent was/w the art	limited liability company is not organize ange or changes are made, the Florida st will be identical. Or, in the case of a Florere authorized by an affirmative vote of icles of organization or the operating agature of a member of authorized representative of	reet address of orida limited lia the members of reement of the	ability compan of the limited li	y, it is hereby company o y company.	firmed that the	change	(s)	
	I and a supplement of the property of	Language and any	ree to act in thi	e canacity I furth	ner autee to coi	moly wi	th the	
provis the ob to mer notifie	ions of all statutes relative to the proper ligations of my position as registered as rely reflect a change in the registered of the proper distribution of this change. Bill Havre	r ana complete gent as provide fice address, L	performance of d for in Chapte hereby confirm t Secretary	f my duties, and l ir 605, F.S. Or, if that the limited li	am familiar w this document ability compan	ith ánd í is being ry has b	accept 3 filed een	
	ure of Registered Agent		,					