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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 : (855)330-1010

**Enter the email address for this business entity to be used for future

	Email	Addr	ess
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LLC REGISTERED AGENT CHANGE DARBOBPRZ, LLC

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----T. LEMIEUX-

MAY 1 7 2023

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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 Rlorida.

1, 1	Name of the limited liability company: DA	RBOBPF	RZ, LLC		, F
2. (a			(b)		
	Principal office address of limited liability c (Note: MUST BE STREET ADDRE			Mailing address of limited (Note: MAY BE POST	
	01/08/2021		L 2100	00022627	
3.	Date of filing/registration in Flori	 da 4.		Document number	
	DENCTOR RESECTAD				
5. (a	Registered Agent and Registered Office shown on the 3639 CORTEZ ROAD W	ne records of the Flo	orida Dept. of Su	ne:	
	Registered Office Address (MUST BE FLORID	<u>A STREET ADDR</u>	<u>(ESS)</u>		
	SUITE 108				
	BRADENTON	, FL_342	210		
41-	Northwest Registered A	aent LLC			
(0	(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:			= ਦਂ,	202
	7901 4th St N				2023 F.Y
	NEW Registered Office Address:			_	<u> </u>
	STE 300	·····			PH : U
	St. Petersburg	FL337	702	_	1 3: 06
the clagent was/v	limited liability company is not organized unange or changes are made, the Florida street will be identical. Or, in the case of a Florida vere authorized by an affirmative vote of the ticles of organization or the operating agreer	address of the rational limited liability members of the limit	egistered offi y company, it limited liabil	ce and the business of is hereby confirmed to ity company or as other ompany.	fice of the registered hat the change(s) erwise provided in
_	nature of a member or authorized representative of a me			Printed or typed name of	
provi the oi to me	eby accept the appointment as registered agons of all statutes relative to the proper and bligations of my position as registered agent rely reflect a change in the registered office of in writing of this change.	d complete perfo as provided for address, I hereb	ormance of my in Chapter 60 by confirm tha	v duties, and Lam fam 05, F.SOr, if this doc	thar with and accept ament is being filed
r / V	Taylor Newman -	Assistant Se	cretary		

Signature of Registered Agent