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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 annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_\_

## LLC REGISTERED AGENT CHANGE SIABABE 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.

Plorida.				
1. Name of the limited liability company: $\frac{S}{}$	IABABE LLC			
<sub>2. (a)</sub> 330 3RD ST SOUTH	(b	(b) 330 3RD ST SOUTH		
Principal office address of limited liability (Note: MUST BE STREET ADDR	y company:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
UNIT 1815		UNIT 1815		
SAINT PETERBURG, FL 33	1701	SAINT PETERBURG, FI	_ 33701	
01/19/2021		L21000038306		
B. Date of filing/registration in Flo	orida 4.	Document number		
S. (a) SASCHA E CONNELLY, MS				
Registered Agent and Registered Office shown or	the records of the Florida	Dept. of State;		
330 3RD ST SOUTH				
Registered Office Address (MUST BE FLOR	IDA STREET ADDRESS	<u> </u>		
UNIT 1815			~	
SAINT PETERBURG	<sub>, FL</sub> 33701		. MAR	
(b) Registered Agents Inc.	,	The state of the s	<u>.</u>	
Enter name of NEW Registered Agent and/or NE	EW Registered Office add	Iress:		
7901 4th St N			<b>8</b> . 2	
NEW Registered Office Address:			<b>∞</b>	
STE 300				
St. Petersburg	, <sub>FL</sub> 33702			
f the limited liability company is not organized he change or changes are made, the Florida strengent will be identical. Or, in the case of a Flori was/were authorized by an affirmative vote of the articles of organization or the operating agree	et address of the regist da limited liability con the members of the limited ement of the limited li	tered office and the business o impany, it is hereby confirmed ited liability company or as oth ability company.	ffice of the registe that the change(s)	
> 11. 、 せん	Rile	v Park		

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in spitting of this change.

Printed or typed name of signee

Bill Havre - Assistant Secretary

Signature of a member or authorized representative of a member

Signature of Registered Agent