Fax: 18134365206



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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 $\mathcal{Z}_{\sim}$ Email Address:\_\_\_\_\_

## LLC REGISTERED AGENT CHANGE RB DESIGN MEDIA LLC

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## Page: 2/2

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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.

1. Na	ame of the limited liability company: RB BIZARREDES	IGN, LLC			
2. (a)	7901 4th St N	A	b) 7901 4th St N		
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (	Mailing address of limit (Note: MAY BE PO)		
	STE 300		STE 300		
	St. Petersburg FL 33702		St. Petersburg FL 33702	.	<del></del>
	03/03/21	_	L21000104354		
3.	Date of filing/registration in Florida	4.	Document number	•	
5. (a)	Roberts, David				
(,	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of State:		
	7901 4th St N			. 7	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	STE 300			2025 APR 2	<del></del>
	St. Petersburg , FL	33702		72	FILE
(b)	Registered Agents Inc			AH 8: 57	Ö
	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	idress:	5	•
	7901 4th St N		<u> </u>		
	NEW Registered Office Address:			ľ	
	STE 300		<del></del>		
	St. Petersburg	33702			
the cha agent v was/we the arti	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of icles of organization or the operating agreement of the law of a member or authorized representative of a member	the reginability confirmation of the linuited	istered office and the business o ompany, it is hereby confirmed nited liability company or as oth	office of the that the cherwise p	ne registered hangc(s)
provisi the obl to merc natified	by accept the appointment as registered agent and agreens of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I is din writing of this change.  David Roberts - Assistant Se	perform d for in ( hereby c	t in this capacity. I further agr nance of my duties, and I am far Chapter 605, F.S. Or, if this do confirm that the limited liability	ee to com niliar with cument is company	ply with the h and accept s being filed has been
· ( ) •	David Modella - Assistant St	- victory			

Signature of Registered Agent