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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 : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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K. SALY

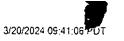
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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.

2. (a)		(b)	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of timited liability company: (Note: MAY BE POST OFFICE BOX)
	03/08/21		0110949
3.	Date of filing/registration in Florida	4.	Document number
5. (a	ZenBusiness Inc.		
	Registered Agent and Registered Office shown on the records of		
	336 E. College Ave.		
	Registered Office Address (MUST BE FLORIDA STREET)		
	Suite 301	122	
	Tallahassee	32301	
(b) .	Registered Agents Inc Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 7901 4th St N	Office address:	2024 HAR 20 PH 3: 09 PALUANUS SECUELORIDA
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg , FI.	33702	
he ch agent was/w	limited liability company is not organized under the law range or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the registered ability companion the limited li-	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
	ature of a member or authorized representative of a member	Robin Jone	s
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee
There provis he ob to men notific	chy accept the appointment as registered agent and agr sions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I i ed in writing of this change.	ce to act in thi performance o d for in Chapte hereby confirm	s capacity. I further agree to comply with the of my duties, and I am familiar with and accep ir 605, F.S. Or, if this document is being filed that the limited liability company has been
Ju	David Roberts - Assistant Se	ecretary	

Signature of Registered Agent