Division of Corporations



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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 : (813)436-5206

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∠Email Address:\_\_\_

## LLC REGISTERED AGENT CHANGE R. RUSHING 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.

1. N	ame of the limited liability company: R. Rushing LLC		
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	03/26/21	L210001	43361
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	UNITED STATES CORPORATION AGENTS, INC.		
J. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	
	476 RIVERSIDE AVE.		
	JACKSONVILLE . FL	32202	
	Northwest Registered Agent LLC		<del></del> '5;
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	
	7901 4th St N		
	NEW Registered Office Address:		<del></del>
	STE 300		·· <del>-</del>
			<u>~</u>
	St. Petersburg , FL	33702	
the cha agent v was/w	imited liability company is not organized under the lay ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the registered of ability company, of the limited liab	ffice and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in
14	ture of a member or authorized representative of a member	Nat Smith	
			Printed or typed name of signee
provisi the obi to meri	hy accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I if in writing of this change.	ree to act in this of performance of in Chapter herchy confirm the	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been
	Taylor Newman - Assistant Se	ecretary	
cagnatu	relof Registered Agent		