Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000120634 3)))



H240001206343ADC/V

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

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

₹₹∰ail Address:

LLC REGISTERED AGENT CHANGE **SAKHA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

K. SALY

APR - 2 2024

Electronic Filing Menu

Corporate Filing Menu-

Help

4/2/2024 06:38;14 PDT • To: 18506176383 Page: 2/2 Fax: 8134365206

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 hability 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: Sakiia LLC		<u></u>
2. (a)		(h)	
\ .	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	:	Mailing address of fimited liability company: (Note: MAY BE POST OFFICE BOX)
3	04/29/21		00200893
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
	Registered Agent and Registered Office shown on the record	ds of the Florida Dept.	of State:
	476 RIVERSIDE AVE.		
	Registered Office Address	<u>EET ADDRESS)</u>	7AL
	JACKSONVILLE	. FL 32202	APR-
	Registered Agents Inc		FILED 2024 APR -2 PH 12: 59 TALLYAHASSET FLOSIO
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regist</u>	tered Office address:	F. 12
	7901 4th St N		59
	NEW Registered Office Address:		-
	STE 300		
	St. Petersburg	, FL	
the cha agent v was/wa the arti	imited liability company is not organized under thange or changes are made, the Florida street addreswill be identical. Or, in the case of a Florida limite ere authorized by an affirmative vote of the membicles of organization or the operating agreement of $\hat{x} = -\infty$	ss of the registered ed liability compar ers of the limited l	I office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.
Signa	ture of a member of authorized representative of a member		Printed or typed name of signce
I here provisi the obl to mere	by accept the appointment as registered agent and ions of all statutes relative to the proper and comp ligations of my position as registered agent as pro ely reflect a change in the registered office addres d'in writing of this change.	l agree to act in th oleie performance vided for in Chapt ss, I hereby confiri	is canacity. I further agree to comply with the
	1 / 40/6/6	nt Secretary	
Signatu	ire of Registered Agent		