Florida Department of State

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(((H22000281783 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number : 120220000070 Phone : (888)462-3453 Fax Number : (877)919-2613

**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 PAPIISWORLD LLC

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AUG 2 2 2022

K. Brumbley

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	LETTER		
TO: Registration Section Division of Corporations		•	
PAPIISWORLD LLC SUBJECT:			
	ne of Limited I	iability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Off	fice Change and	I fee(s) are submitted for filing.	
Please return all correspondence concerning th	is matter to the	following:	
LOVETTE DOBSON			
Name of Person			
INCFILE.COM LLC			
Firm/Company			
17350 STATE HWY 249 #220			
Address			
HOUSTON, TEXAS 77064			
City/State and Zip Code		 ,	
EFILE1234@INCFILE.COM			
E-mail address: (to be used for future and	nual report noti	fication)	
For further information concerning this matter	, please call:		
LOVETTE DOBSON	888	462-3453	
Name of Person	at (Area Code & Daytime Telephone Number	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a check for the following	g amount:		
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy		
INHS18 (2/14)	(((H22000281783 3)))		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY (((H22000281783 3)))

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: PAPIISWORLI	DLLC		
		(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	limited liability company: Mailing address of limited liability con		
	1150 NW 72ND AVE TOWER I STE 455 #3943	1150 NW	72ND AVE TOWER I STI	E 455 #3943
	MIAMI, FL 33126	MIAMI, I	FL 33126	
	05/03/2021	L21000205	5421	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)				
J. (a)	Registered Agent and Registered Office shown on the records	of the Florida Dept. of Sta	alc:	
	LEGALINC CORPORATE SERVICES INC.			
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)		
	5237 SUMMERLIN COMMONS SUITE 400			
	FORT MYERS	FL	_	
			— [1]	202
(b)			_ 	A.F. 2022 Aug
	Enter name of NEW Registered Agent and/or NEW Register	red Office address:	55	
	Andrew Tucker			AND ILED
	NEW Registered Office Address:			VEU D
	5425 Lawton Court		_	89.
	Tallahassee	FL ³²³¹⁷		
change agent v was/we the arti	imited liability company is not organized under the cor changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the florida limited agreement of the corporation of a member of a member or authorized representative of a member by accept the appointment as registered agent and agons of all statutes relative to the proper and completing to the proper and co	he registered office as liability company, it is of the limited liability company in the limited liability company. Andrew Tucker is act in this car.	nd the business office of this hereby confirmed that ity company or as otherwing many. Printed or typed name of signactive I further agree to	the registered the change(s) ise provided in
	d in writing of this change.	i nereby confirm that	tine limited liability comp	oany has been

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