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| To: | Division of Corporations Fax Number : (850)617-6383 | |
|------------|---|--------------|
| a () | Account Name : REGISTERED AGENTS INC. Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010 - the email address for this business entity to be used for future nnual report mailings. Enter only one email address please.** mail Address: | |
| 2022 OC:) | LLC REGISTERED AGENT CHANGE SWEETIE B PETWEAR LLC Certificate of Status Certified Copy 0 | 2022 OCT - 7 |

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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

| lame of the limited liability compan | | B Petwe | | <u> </u> | | |
|--|---|---------------------------------------|--|--|--|--|
| Principal office address of limite (Note: MUST BE STREE | | (b) | Mailing address of limit (Note: MAY BE PO | ted liability company: | | |
| 04/28/2021 | | | 1000207902 | | | |
| Date of filing/registratio | n in Florida | 4. | Document numbe | r | | |
| isicoff, soo Jin | | | | | | |
| Registered Agent and Registered Office | shown on the records | of the Florida Dep | t, of State: | | | |
| 110 SE 6TH STREET S | SUITE 2600 | | | | | |
| Registered Office Address (MUST B | BE FLORIDA STREI | ET ADDRESS) | | | | |
| FORT LAUDERDALE, Registered Agents | | _{FL} 33301 | | 7022 OCT - 2022 OCT - LEGRETA FALLATIAN | | |
| Enter name of NEW Registered Agent | | ered Office address | ;; | | | |
| 7901 4th St N | | | | PH 3: | | |
| NEW Registered Office Address: | | | | <u> </u> | | |
| STE 300 | | | · - ····· | | | |
| St. Petersburg | | FL_33702 | | | | |
| e limited liability company is not or thange or changes are made, the Flo it will be identical. Or, in the case of | irida street addres. Ma Florida limite | s of the register d liability comm | any, it is hereby confirme | d that the change(s) | | |
| will be identical. Of in the case of were authorized by an affirmative varticles of organization or the operation of the oper | tote of the membe | ers of the immed | ility company. | | | |

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. - Assistant Secretary

Bill Havre

Signature of Registered Agent