## Division of Corporations **Electronic Filing Cover Sheet**

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.

(((H22000334375 3)))



**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 : (855)330-1010

\*\*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 **MAIXSAU LLC**

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

ぢ

## 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

Floride		AIXSAU	LLC	•			
2. (a)	(b)						
	Principal office address of limited liability (Note: MUST BE STREET ADDRI		(0)	M	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	05/11/21		L	.21000	0218273		
3.	Date of filing/registration in Flor	ida -	4.		Document number		
5. (a)	LEGALINC CORPORATE SE	RVICES IN	NC.				
J. (a)	Registered Agent and Registered Office shown on						
	5237 SUMMERLIN COMMO						
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
	SUITE 400						
	FORT MYERS , <sub>FL</sub> 33907						
(b)	Northwest Registered A	Agent LL	 C				
(0)	Enter name of NEW Registered Agent and/or NE			ess:			
	7901 4th St N						
	NEW Registered Office Address:		***************************************	***************************************			
	STE 300						
	St. Petersburg	FL_33	702				
the cha agent w was/we	imited liability company is not organized using or changes are made, the Florida stree will be identical. Or, in the case of a Floridate authorized by an affirmative vote of the cles of organization or the operating agree	t address of the la limited liabili members of th	registe ity con e limit	ered office pany, it is ed liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in		
$\sim$	) organi Out .			gan Nob			
Signat	ure of a member or authorized representative of a m	ember			Printed or typed name of signee		

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 marified in writing of this change.

Tom Glover - Assistant Secretary

Signature of Registered Agent