Division of Corporations **Electronic Filing Cover Sheet**

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LLC REGISTERED AGENT CHANGE SUPREME CREDIT FINANCIAL SOLUTIONS LLC

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MAY 2 4 2021

A. LUNT

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Corporate Filing Menu

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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.

<i>г ши</i>		CHIDDEME CE	סבטו.	T FINANCIAL SOLUT	IONS LLC	
l. Na	me of the limited liability company:	SUPREME CF			<u> </u>	
2. (a)	1455 NW 61ST STREET		(b)	1455 NW 61ST STRE		
(,	Principal office address of limited li (Note: MUST BE STREET)			Mailing address of limited (Note: MAY BE PQST		
	APT 103			APT 103		
	MIAMI, FL 33142		ļ -	MIAMI, FL 33142		
	05/17/2021		L.	21000228159		
3.	Date of filing/registration i	n Florida	4.	Document number		
5. (a)	KELSEY R MCCRAY					
J. (a)	Registered Agent and Registered Office sho	own on the records of the l	Florida [Dept. of State:	2021 MAY 24 SELVEDARY ALLAHASSE	
	1455 NW 61ST STREET	<u> </u>			AH	; _{
	Registered Office Address (MUST BE)	<u>FLORIDA STREET ADL</u>	<u>(RESS)</u>		1 21 ASS	-
	APT 103				EE F	
	MIAMI	_{, FL} 33	3142		FLOG FLOG	•
(b)	Registered Agents Enter name of NEW Registered Agent and		fice addi	TESS:	SIDA SIDA	
	7901 4th St N					
	NEW Registered Office Address:					
	STE 300		- 			
	St. Petersburg	, FL_33	3702			
the cha agent was/w	limited liability company is not orgating or changes are made, the Florid will be identical. Or, in the case of a tere authorized by an affirmative voticles of organization or the operating	ia street address of the Florida limited liabile of the members of t	lity cor he limi nited li	npany, it is hereby confirmed ted liability company or as oth	that the change(s)	.
K : Le	ature of a member or authorized representati	ve of a member	11110	Printed or typed name	of signee	-
I here provis the ob	thy accept the appointment as registions of all statutes relative to the priligations of my position as registere yelv reflect a change in the registere and in writing of this change. Bill Havr	ered agent and agree oper and complete pe d agent as provided f d office address, I her	or in C reby co	hapter 605, F.S. Or, if this do nfirm that the limited liability	cument is being filed	i I
Signat	ure of Registered Agent					

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

1.