Division of Corporations Dectronic Filing Cover Sheet

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Division of Corporations

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From:

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Account Number : I20090000081 Phone : (307)200-2803

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LLC REGISTERED AGENT CHANGE AMOS TALLY LLC

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10N - 2 2023

T. LEMIEUX

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.

1.	Na	me of the limited liability company: AMOS TALLY	<u>LLC</u>		 -			
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (l _)	failing address o			
3.	(a)	05/21/2021 Date of filing/registration in Florida ALCARAZ, OMAR	4.	 L2100023		mber		
	()	Registered Agent and Registered Office shown on the records of the 5342 CLARK RD Registered Office Address (MUST BE FLORIDA STREET AL	e Florid	<u>.</u> D	:			
	(b)	SARASOTA , FL. 3 Northwest Registered Agent LLC Enter name of NEW Registered Agent and/or NEW Registered Of New Regist				Ū,	2023 . 1111	, CT
		7901 4th St N NEW Registered Office Address: STE 300					-2 PH 4:5	
, r. c.	1 - 1:	St. Petersburg , FL 3	33702				0	. 6
the age wa	cha ent v s/wo	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liability.	he regi oility co the lin	stered office ompany, it is sited liability	and the busir hereby confi company or	ness office rmed that	e of the the cha	registered inge(s)
/ _S	igna	ure of a member or authorized representative of a member	Nat	Smith	Printed or typed	I name of sig	gnee	
I h pro the to not	nerel ovisi obl mere rified	by accept the appointment as registered agent and agretions of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change.	e to act erform for in G reby c	t in this capo ance of my o Chapter 605 onfirm that i	city. I furthe luties, and I a F.S. Or, if the he limited lia	r agree to m familia his docum bility com	compl r with a ent is b pany he	y with the and accept eing filed as been

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

Taylor Newman - Assistant Secretary

Signature of Registered Agent