To: 18506176383

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.....

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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Enter the email address for this business entity to be used for future to be used for future to be used for future and the control one email address please.

LLC REGISTERED AGENT CHANGE KUDOS GROUP, LLC

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FEB 0 9 2024

K. Brumbley



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.

	ame of the limited liability company: KUDOS GR				
Z. (d)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) _	Mailing alt (<u>Note: M</u>		hability company: OFFICE BOX)
3.	05/23/2021 Date of filing/registration in Florida	4.	L210002388	68 ent number	
·		•	D 37 11111		
5. (a)	newman, taylor Registered Agent and Registered Office shown on the records of	t the Florida De	pt. of State:		
	7901 4TH ST. N, STE 300				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)			
	ST. PETERSBURG F	ו ממלכם			2
	ST. PETERSBURG , F.	L <u>33702</u>			2024 FEB - 8
(b)	Northwest Registered Agent LLC			-	FE8
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office addres	<u>s</u> :	. •	- & 프스트
	7901 4th St N				
	NEW Registered Office Address:				
	STE 300				25
	St. Petersburg , F	լ 33702			
he cha igent v was/w he ari	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited l ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	nws of the Sta of the register iability comp of the limited	ed office and the any, it is hereby I liability compar ility company.	business offi confirmed th	ice of the registere at the change(s)
/ Signa	ture of a member or authorized representative of a member	NAL SI		r typed name of	signee
	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address. It is not the proper of this change.	ree to act in e performanc ed for in Cha hereby confi	this capacity. If e of my dutics, ar pter 605, F.S. O rm that the limite	urther agree nd I am famil r, if this docu ed liability co	to comply with the liar with and accep iment is being filed ompany has been

Taylor Newman - Assistant Secretary Righatury of Registered Agent