Florida Department of State

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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.

_	 . 1	Address:

LLC REGISTERED AGENT CHANGE **WORRIES POOL SERVICE LLC**

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APR 21 2023

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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.

1.	Na	ame of the limited liability company: WORRIES PO	DOL S	ERVICE L	_LC			
2.	(a)		a	n)				
	` ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		· /	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
			_ _					
		06/02/2021		L210002	256286			
3.		Date of filing/registration in Florida	4.		Document number			
5.	(a)	ZenBusiness Inc.						
	(-)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:						
		336 E. College Ave.						
		Registered Office Address (MUST BE FLORIDA STREET A	<u> </u>	_				
		Suite 301			_			
		Tallahassee , FL	3230	1				
	<i>(</i> L)	Registered Agents Inc	0200.	-	-	2023 APR 20		
	(b)	Enter name of NEW Registered Agent and/or NEW Registered		NPF A				
						Fil. 20		
		7901 4th St N						
		NEW Registered Office Address:	<u>-</u>					
		STE 300				11 10 HW		
					-	4-		
		St. Petersburg , F1.	33702	2	<u></u>			
the age wa the	cha ent w s/we earti	imited liability company is not organized under the lawinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law with t	the regis bility co f the lim limited l	stered office ompany, it is sited liabilit	e and the business offices hereby confirmed that y company or as otherwingany.	e of the registered the change(s) rise provided in		
					Printed or typed name of si			
the to	ovisi obli mere	by accept the appointment as registered agent and agrooms 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 have the properties of this change.	ee to act perform for in C ereby co	in this cape ance of my (Chapter 605 onfirm that	acity. I further agree to duties, and I am familia i, F.S. Or, if this docum the limited liability con	o comply with the or with and accept nent is being,filed opany has been		

David Nosts David Roberts - Assistant Secretary Signature of Registered Agent