Florida Department of State Division of Corporations

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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 : (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:__ S äγ LLC REGISTERED AGENT CHANGE **CULT OF VENUS LLC** Certificate of Status 0 Certified Copy 0 02 Page Count \$25.00 Estimated Charge

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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.

I. Na	me of the limited liability company: Cult of V	enus	LLC	
2. (a)		(b)		
2. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BOX</u>)	
	7901 4th St N STE 300		1813 Shadow View Circle	
	St. Petersburg FL	_	Maitland Florida 32751	
	06/11/21	l	_21000272275	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	UNITED STATES CORPORATION AGENT	S, INC.		
		Agent and Registered Office shown on the records of the Florida Dept. of State:		
5575 S. SEMORAN BLVD.				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
36				
		2222		
	ORLANDO	32822		
(b)	Registered Agents Inc.			
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:	
	7004 AB OLNE			
	7901 4th St N			
	NEW Registered Office Address:			
	STE 300			
	St. Petersburg	33702		
	V		-	
the cha agent v was/wa	imited liability company is not organized under the lainge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regist ability cor of the limi	tered office and the business office of the registered impany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in	
	Rilling Park		Riley Park	
	ture of a member or authorized representative of a member		Printed or typed name of signee	
provisi the obl to merc notifie	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I if in writing of this change.	performa ed for in C hereby co	mce of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed infirm that the limited liability company has been	
Sec H	Bill Havre - Assistar	r Secret	ary	

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

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