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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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LLC REGISTERED AGENT CHANGE PAYMENTS BY DESIGN LLC

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K. Brumbley

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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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

am	e of the limited liability company: Payments by Des	ugn LLC —————	
		(b)	
	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	5/21/21	L210	000286547
_	Date of filing/registration in Florida	4.	Document number
	enBusiness INC.		
	egistered Agent and Registered Office shown on the records of		
3	36 E. College Ave.		
– K	legistered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	
	Ste. 301		
T	allahassee, FL	32301	
 R4	egistered Agents Inc	·	
	nter name of NEW Registered Agent and/or NEW Registered	1 ()(C	
EI	ner name of NEW Registered Agent and/of NEW Registered	Office address	经 类 图 图
7	901 4th St N		The B
$\overline{\underline{\mathbf{N}}}$	iEW Registered Office Address:	 	
S	STE 300		
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S	St. Petersburg , FL	33702	