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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

* *	Enter	the	email	address	for	this	busine	\$\$	entity	to	be	used	for	future
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## LLC REGISTERED AGENT CHANGE LAURA A. BENNETT & ASSOCIATES LLC

Certificate of Status	0		
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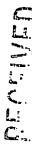
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K. SALY

APR 1 8 2024



## 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.

	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
_	06/07/21		00309809			
3.	Date of filing/registration in Florida	4.	Document number			
5. (a)	Bennett, Laura Ann	~				
	Registered Agent and Registered Office shown on the records of	of the Florida Dept.	of State:			
		7901 4th St. N				
	Registered Office Address (MUST BE FLORIDA STREET	"ADDRESS)	z) 123			
	Ste 300					
	St. Petersburg . F	L 33702	T PROTECTION TO THE PROTECTION			
(b)	Northwest Registered Agent LLC					
(0)	Enter name of NEW Registered Agent and/or NEW Registered	ed Office address:				
	7901 4th St N					
	NEW Registered Office Address:	<del> </del>				
	STE 300					
	St. Petersburg	L				
the change of th	imited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members icles of organization or the operating agreement of the	aws of the State of the registered liability compa- of the limited	d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.			
Sigua	ture of a member or authorized representative of a member		Printed or typed name of signee			
provisi the obl to merc	by accept the appointment as registered agent and agions of all statutes relative to the proper and complet ligations of my position as registered agent as providely reflect a change in the registered office address, I din writing of this change.	e vertormance	of my duties, and I am familiar with and accep			