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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates of	Status
		
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COVER LETTER

Division of (Corporations		•				
THE CO	ONTENT PLUG LLC						
	Name of Limited Liability Company						
Dear Sir or Madam:							
The enclosed Registe	ered Agent/Registered Of	fice Change a	nd fee(s) are submitted for filing.				
Please return all corr	respondence concerning the	his matter to th	ne following:				
Sonia Becerra							
	Name of Person						
Swyft Filings							
	Firm/Company						
3 Greenway Plaza #13	20						
	Address						
Houston, TX 77046							
	City/State and Zip Code						
sop@legalcorpsolution	ns.com						
E-mail address	: (to be used for future an	nual report no	tification)				
For further informati	ion concerning this matter	r. please call:					
Sonia Becerra		877 at (777-0450				
Nan	ne of Person		Area Code & Daytime Telephone Number				
Mailing Ad	ldress:		Street Address:				
Registration			Registration Section				
	Corporations		Division of Corporations				
P.O. Box 6	· - ·		The Centre of Tallahassee				
Tallahassee	e. FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enclosed is	a check for the followin	g amount:					
🛢 \$25 Filin	g Fee	0	\$55 Filing Fee & Certified Copy				

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	me of the limited liability company: THE CONTENT I	PLUG	LLC		 			
2. (a)			(b)_					
2. (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)_	·	Mailing address (Note: MAY)		-	
		200 Capri Cove Place		_	Po	BOX 9513	75		
		Sznfad, FL 32771	_	_	Lzk	e Many,	FL	32795	<u> </u>
		07/19/2021		1.2	1000326	5525			
 5. 	(a)	Date of filing/registration in Florida ALEXIS JOHNSON	4.			Document nu	ımber	<u> </u>	
J	(4)	Registered Agent and Registered Office shown on the records of to 200 CAPRI COVE PLACE	he Flo	rida De	pt. of Sta	ate:			
		Registered Office Address (MUST RE FLORIDA STREET A	IDDRI	<u> </u>					
		SANFORD , FL	32771			<u> </u>			
(b)	LEGALCORP SOLUTIONS, LLC						20	
	Enter name of NEW Registered Agent and/or NEW Registered Office address				<u>55</u> :			2023 OC	- :
		3440 W Hollywood Blvd. Suite 415)CT 1.0	सं क सम्बद्धाः सुद्धाः
		NEW Registered Office Address:) AH I	
				<u> </u>		_		=	:
		Hollywood , FL	33021			_		27	
char ager was the	nge nt v /we arti	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law of a member or authorized representative of a member	s of t regist bility f the l	he Sta ered o comp imited	office as any, it disability co	is hereby confi ity company or mpany.	office irmed to as other	of the reg hat the cha erwise pro	istered inge(s)
Si	gna	ure of a member or authorized representative of a member				Printed or type	d name o	of signec	
pro the	erei visi obl iere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. I had in writing of this change.	ee to d perfor I for it tereby	uct in rmanc n Cha confi	this cap e of my pter 60 rm thai	pacity. I furthe duties, and I a 15, F.S. Or, if t t the limited lia	r agree im fami his doc bility c	e to compl iliar with a cument is h company h	y with the and accept peing filed as been
Sign	A ISU	tr of Registered Agent							