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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Fax Number : (813)436-5206

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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.

1. N	ame of the limited liability company.	LC				
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
3. 5. (a)	07/30/2021  Date of filing/registration in Florida		L21000344975  4. Document number			
	ZenBusiness Inc.					
	Registered Agent and Registered Office shown on the records  336 E. College Ave.  Registered Office Address (MUST BE FLORIDA STREE)  Suite 301	of the Florida Dept.				
	Tallahassee	Ö Ü				
	Northwest Registered Agent LLC  Enter name of NEW Registered Agent and/or NEW Register  7901 4th St N  NEW Registered Orfice Address:  STE 300					
	St. Petersburg	FL 33702				
the changent was/w the art /// Signa ///	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the number of a member or authorized representative of a member oby accept the appointment as registered agent and a lims of all statutes relative to the proper and cannot	laws of the State of the registered liability compars of the limited I he limited liability Nat Smith	office and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in ty company.  Printed or typed name of signee is capacity. I further agree to comply with the of my duties, and I am familiar with and accept			
to mer	ligations of my position as registered agent as providely reflect a change in the registered office address, d in writing of this change.  Taylor Newman Assistant	Thereby confirm	er ous, r.s. Or, y ints accument is being itted a that the limited liability company has been			
Signati	ire of Registered Agent					