Division of Corporations **Electronic Filing Cover Sheet**

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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.

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Electronic Filing Menu

Corporate Filing Menu

Help

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	ume of the limited liability company: 1A ANAL	YTIC	OS L.L.C		
2	(a)	17925 AYSHIRE BLLVD		(b) 17925 AYSHIRE BLLVD		
<u>-</u> .	(11)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		LAND O LAKES, FL 34638	_	LAND O LAKES, FL 34638		
		08/03/21	_	L21000348656		
3.		Date of filing/registration in Florida	4.	Document number		
5	(a)	JOHN BURKS				
٦.	(a)	Registered Agent and Registered Office shown on the records of the	the Florida	a Dept, of State:		
		17925 AYSHIRE BLLVD				
		Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS.	<u> </u>		
		LAND O LAKES	34638	-5 -5		
	(þ)	Enter name of NEW Registered Agent and/or NEW Registered	Office add	Idress:		
		7901 4th St N		AMIO: 17		
		NEW Registered Office Address:	-			
		STE 300	, <u></u> ,			
		St. Petersburg FL	33702	2		
the ag wa	e cha ent v as/we	imited liability company is not organized under the lavinge 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 icles of organization or the operating agreement of the	the regis ability co of the lim limited l	stered office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in		
		ture of a member or authorized representative of a member		Printed or typed name of signee		
prothe to	ovisi e obl mer	by accept the appointment as registered agent and agrishs of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I is dim writing of this change. Bill Havre - Assistan	performed for in C hereby co	nance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed confirm that the limited liability company has been		

Signature of Registered Agent