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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

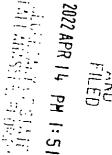
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LLC REGISTERED AGENT CHANGE **WEST VALLEY USA LLC**

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

(a) _	Principal office address of limited liability company:	_ (p)	dailing address of lin	nited liabilit	v comr	oanv.
	(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)				-
	7901 4th St N STE 300	_	7901 4th St N STE 300				
	St. Petersburg FL 33702	_	St. Peter	sburg FL 3370	02		···
	08/04/2021		L21000	0352050			
	Date of filing/registration in Florida	4.		Document numb	ег		
(a)	WISE TAX AND FINANCIAL SERVICES PL	_C					
	Registered Agent and Registered Office shown on the records of t	he Florid	a Dept. of State	2			
	7208 WEST SAND LAKE ROAD STE 305						
	Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRES</u>	<u>S)</u>				
	ORLANDO , FL	328	L9			2022 APR 4	
(b)	Northwest Registered Agent L	LC				PR	
	Enter name of NEW Registered Agent and/or NEW Registered	Office a	idress:	•	5.5 5.5	두	
	7901 4th St N				· · · · · · · · · · · · · · · · · · ·	P M 1:	LED (ND) (NO)
	NEW Registered Office Address:				受力	<u></u>	
	STE 300				- ·	_	
	St. Petersburg, FL	3370	2				
: chai ent w is/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of fill be identical. Or, in the case of a Florida limited lia- re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	s of the the reg bility of the lir	e State of Flo istered office ompany, it is nited liability	e and the business s hereby confirm y company or as	s office of ed that the	the rechan	egistered ge(s)
	Morgan Pollen		Мс	organ Noble			
	ure of a member or authorized representative of a member		Printed or typed name of signee				

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Tom Glover - Assistant Secretary

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been

fied in writing of this change.

Signature of Registered Agent