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H240000127653ABC,

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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 business entity to be used for future $^{\circ}$ annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE CLASSICK CUSTOMZ LLC

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T. LEMIEUX JAN 1 0 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 Standes, 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.

l. Na	une of the limited liability company:	LLC		 .		
2. (a)		(b)				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited li	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	09/08/21	L210003	99391			
.	Date of filing/registration in Florida	4.	Document number	-2		
5. (a)	UNITED STATES CORPORATION AGENTS, INC.			٠		
	Registered Agent and Registered Office shown on the records of the	State:				
	476 RIVERSIDE AVE.					
	Registered Office Address (MUST BE FLORIDA STREET A		- 			
				٠٠٠ بې		
	JACKSONVILLE	22302		ي ڪ		
	JACKSONVILLE, FL_	32202		لب		
41-3	Registered Agents Inc					
(b)	Enter name of NEW Registered Agent and/or NEW Registered C					
	7901 41h St N					
	NEW Registered Office Address:					
	STE 300					
	St. Petersburg	33702				
ie chai gent w as/wei ie artic	mited liability company is not organized under the laws age or changes are made, the Florida street address of tail be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of the list of organization or the operating agreement of the list.	he registered of bility company, i the limited liab	fice and the business office it is hereby confirmed that ility company or as otherw	e of the registered the change(s)		
<u> 16.</u>	are of a member or authorized representative of a member	Robin Jones				
			Printed or typed name of si	•		
ie obli o mere	w accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete partions of my position as registered agent as provided by reflect a change in the registered office address. I he in writing of this change. **David Roberts** - Assistant Section 1.5.	erjormance of n for in Chapter 6 reby confirm th	apacity. I further agree to ty duties, and I am familia 105, F.S. Or, if this docum at the limited liability com	o comply with the ir with and accep ient is being filed ipany has been		