Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000402490 3)))



H220004024903ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

| | Doing to him generate another of the entry | |
|-------|---|-------------------|
| To: | Division of Corporations Fax Number : (850)617-6383 | FILE CRE VARY |
| From: | Account Name : REGISTERED AGENTS INC. Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010 | AH 9:03 SEE.FL |

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

LLC REGISTERED AGENT CHANGE ALL SUPPLIES STOCKEDCOM LLC Certificate of Status

| Certificate of Status | |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$25.00 |

C. BRUMBLEY NOV 3 0 2022

 \sim

15 . ÷ 2822

ကို

<u>...</u>

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. Name of the limited liability company: | All Supplies Stocke | edcom LLC |
|--|--|--|
| 2. (a) | (b) | |
| Principal office address of limited liabil (<u>Note: MUST BE STREET ADD</u> | lity company: | Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BOX</u>) |
| | · · · · · · · · · · · · · · · · | |
| 09/16/2021 | <u>L210</u> | 00411713 |
| B. Date of filing/registration in F | lorida 4. | Document number |
| 5. (a) Woods, Byron, SR | | |
| Registered Agent and Registered Office shown | on the records of the Florida Dept, of S | State. |
| Registered Office Address (MUST BE FLC | DRIDA STREET ADDRESS) | SECRETARY TALL AHAS |
| 8041 Fawnridge Cir | | |
| Tampa | , _{FL} 33610 | ARY OF S |
| (b) Registered Agents Inc Enter name of <u>NEW Registered Agent and/or</u> 7901 4th St N | | H H SEE. FL C SEE. FL |
| NEW Registered Office Address: | | |
| STE 300 | | |
| St. Petersburg | , _{FL} 33702 | |
| If the limited liability company is not organize the change or changes are made, the Florida si agent will be identical. Or, in the case of a Fl- was/were authorized by an affirmative vote of the articles of organization or the operating ag | treet address of the registered off orida limited liability company, the members of the limited liab | it is hereby confirmed that the change(s) ility company or as otherwise provided in company. |
| Signature of a member or authorized representative of | a member | Printed or typed name of signee |
| I hereby accept the appointment as registered provisions of all statutes relative to the prope the obligations of my position as registered ay to merely reflect a change in the registered of notified in writing of this change. | r and complete performance of h gent as provided for in Chapter (fice address, I hereby confirm th | capacity. I further agree to comply with the ny duties, and I am familiar with and accer 605, F.S. Or, if this document is being filed aut the limited liability company has been |
| see Hame Bill Havre | - Assistant Secretary | |

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

.

.