## Florida Department of State Division of Comparations Electronic Biling Cover

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.

(((H22000345389 3)))



H220003453893ABC3

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

-		
- 1	$\sim$	٠
	v	

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.\*\*

Email Address:\_

## LLC REGISTERED AGENT CHANGE MOGUL ENTERPRISE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

OCT 1 0 2022

## 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)		(b)					
, , .	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)						
	10/11/2021		00444209				
	Date of filing/registration in Florida	4.	Document number		<del></del>		
	INC AUTHORITY RA	,,					
(a)	Registered Agent and Registered Office shown on the records	of the Florida Dept.	of State:				
	390 NORTH ORANGE AVE., STE 2300-N						
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)					
			<del></del>				
	ORLANDO	FL_32801			<b>~</b> 3		
/L\	Registered Agents Inc				2022 OCT - 7		
(b)	Enter name of NEW Registered Agent and/or NEW Registe	red Office address:			CT -	_ں_	
	7901 4th St N STE 300			<u> </u>	-7 PM	AND ILED	
	NEW Registered Office Address:		<del></del>	100 272 773	1 3: 09		
	St. Petersburg	FL					
ange ent v	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited at the case of the member of the organization or the operating agreement of the organization of the organization of the organization or the operating agreement of the organization or the organization of the organization of the organization of the organization or th	the registered of Hiability compa rs of the limited	fice and the business office ny, it is hereby confirmed the liability company or as othe	of the f	chang	c(s)	
	$\mathcal{T}$	Riley Par	k				
	ture of a member or authorized representative of a member		Printed or typed name of				
here ovis e ob	by accept the appointment as registered agent and a ions of all statutes relative to the proper and compl ligations of my position as registered agent as prov- ely reflect a change in the registered office address.	agree to act in the ete performance ided for in Chap I hereby confir.	his capacity. I further agree of my duties, and I am fami ter 605, F.S. Or, if this doc m that the limited liability c	e to con iliar wi ument i ompan	iply w th and is bein v has	rith the l accept ng filed been	