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.

Email	Address:	

LLC REGISTERED AGENT CHANGE NOTARINK, LLC

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

SECRETARY OF STATE

CP 29 7002

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. N	nme of the limited liability company: NOTARI	INK, LLC	
2. (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)
	10/18/21		000453568
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
	Registered Agent and Registered Office shown on the records o		State:
	390 NORTH ORANGE AVE., STE 23	· · · · · · · · · · · · · · · · · · ·	<u> </u>
	Registered Office Address (MUST BE FLORIDA STREET	" ADDRESS)	
	ORLANDO	1.32801	
(b)	Registered Agents Inc.		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	ed Office address:	
	7901 4th St N		
	NEW Registered Office Address:		
	STE 300		<u></u>
	St. Petersburg	_L 33702	
the changent was/w	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	aws of the State of of the registered of liability company, of the limited liab	ffice and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in
7	Zilus Tark	Riley Pa	
	nture of a member or authorized representative of a member		Printed or typed name of signee
provis the ob- to mer notifie	by accept the appointment as registered agent and agions of all statutes relative to the proper and complet ligations of my position as registered agent as providely reflect a change in the registered office address, and in writing of this change.	te performance of led for in Chapter I hereby confirm t	my duties, and I am familiar with and accep 605, F.S. Or, if this document is being filed
sec 1	Bill Havre - Assista	nt Secretary	

Signature of Registered Agent