Division of Corporations Electronic Filing Cover Sheet

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.

(((H22000339986 3)))



H220003399863ABC9

		
To:		20C1 =#
	Division of Corporations	
	Fax Number : (850)617-6383	<u> </u>
From:		7 P. 00
	Account Name : INCFILE.COM LLC	- -
	Account Number : I20220000070	•
	Phone : (888)462-3453	Č
	Fax Number : (877)919-2613	
tEnter the	email address for this business entity to be use	nd for future
	report mailings. Enter only one email address p	
Rmail	Address:	

_	LLC REGISTERED AGENT CHANGE	

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Corporate Filing Menu

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02

\$25.00



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY (((H22000339986 3)))

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 a	ame of the limited liability company:	PUBLIS	SHING LLC
2. (a)		a	b)
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	8345 NW 66 ST Suite D8310		8345 NW 66ST Suite D831
	MIAMI, FL 33166-2696		MIAMI, FL 33166-2696
	10/29/2021		LX000470381
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
J. (a)	Registered Agent and Registered Office shown on the records of REGISTERED AGENTS INC	of the Florida	a Dept. of State;
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRES.	<u>si</u>
	ST. PETERSBURG	3370:	2
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u> LEGALINC CORPORATE SERVICES INC	ed Office ad	1dress:
	NEW Registered Office Address:		
	476 RIVERSIDE AVE		
	JACKSONVILLE	32202	
change agent vivas/we the arti	imited liability company is not organized under the less or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited cre authorized by an affirmative vote of the members cless of organization or the operating agreement of the members of the cless of organization or the operating agreement of the control of the con	ne registere liability co of the lim c limited l	ed office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in liability company. nnick Veschambre
•	ture of a member or authorized representative of a member		Printed or typed name of signee
the oblino mere	by accept the appointment as registered agent and as ons of all statutes relative to the proper and complet igations of my position as registered agent as providely reflect a change in the registered office address, at inverting of this change.	gree to act e perform led for in (I hereby co	in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and accept that the Shapter 605, F.S. Or, if this document is being filed onfirm that the limited liability company has been
Signatu	re of Registered Agent		

COVER LETTER

TO:	Registration Section Division of Corporations					
	ALLDAY PUBLISHIN	NG LLC				
SUBJE	Name of Limited Liability Company					
Dear Si	r or Madam:					
The end	closed Registered Agent/Registered	Office Change a	nd fee(s) are submitted for filing.			
	return all correspondence concernin	_				
LOVET	TE DOBSON					
-	Name of Person					
INCFIL	E.COM LLC					
	Firm/Company					
17350 S	TTATE HWY 249 #220					
	Address					
HOUST	ON, TEXAS 77064					
	City/State and Zip Co	de				
EFILE	234@INCFILE.COM					
Ē	-mail address: (to be used for future	annual report no	tification)			
For furt	ther information concerning this ma	itter, please call:				
LOVET	TE DOBSON	at (462-3453			
	Name of Person		Area Code & Daytime Telephone Number			
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	Enclosed is a check for the follow	ving amount:				
	■ \$25 Filing Fee		\$55 Filing Fee & Certified Copy			
INHS18	(2/14)		(((H22000339986 3)))			