## Florida Department of State Division of Corporations Hecumic Filling Cover Sheet

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To:	District of Consequenting
	Division of Corporations
	Fax Number : (850)617-6383
From:	
	Account Name : REGISTERED AGENTS INC.
	Account Number : I2009000081
,	Phone : (307)200-2803
	Fax Number : (855)330-1010
)	1 (022)000
-	and the second s
	the email address for this business entity to be used for future
, an	nual report mailings. Enter only one email address please.**
– Em	ail Address:
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## LLC REGISTERED AGENT CHANGE F SHARP GROUP, LLC

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

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## 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 limi	ited liability company: F Sharp	Group, LL	<u>C</u>
•	I office address of limited liability company:	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	we. Most in Street Appeals)		
11/08/21	· · · · · · · · · · · · · · · · · · ·	 L210	00483187
B. Date	of filing/registration in Florida	4.	Document number
S. (a) INC AUT	HORITY RA		
	nt and Registered Office shown on the records of	f the Florida Dept. of S	itate:
390 NOR	RTH ORANGE AVE., STE 23	300-N	
Registered Offic	ce Address (MUST BE FLORIDA STREET	ADDRESS)	<del></del>
ORLAND	)O F	ı.32801	
(b) Registe	ered Agents Inc		2022 OCT 2 2022 OCT 2 2.5.030.3 1.4.11 AHAS
Enter name of N	EW Registered Agent and/or NEW Registere	d Office address:	AFIC 25
7901 4	th St N		5 PM
-	ed Office Address:		25 <b>5</b>
STE 300			<b>5</b>
St. Pet	ersburg <sub>. F</sub>	L_33702	
he change or change agent will be identica was/were authorized he articles of organi	es are made, the Florida street address of al. Or, in the case of a Florida limited l	of the registered off liability company, of the limited liab	
Signature of a member	or authorized representative of a member		Printed or typed name of signee
provisions of all stat he obligations of my o merely reflect a cl wified in writing of	utes relative to the proper and complete position as registered agent as provid cange in the registered office address, l this change.	e performance of h ed for in Chapter ( hereby confirm th	apacity. I further agree to comply with the ny duties, and I am familiar with and accep 505, F.S. Or, if this document is being filed out the limited liability company has been
ll Name	Bill Havre - Assista	nt Secretary	

Signature of Registered Agent