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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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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.

L Na	ame of the limited liability company:	CEO MO	BILE	NOTA	ARY & MAI	LBOX, 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)		
	11/30/2021		L	.2100	0508088		
3.	Date of filing/registration in F	lorida	4.		Document number		
5. (a)	INC AUTHORITY RA						
(11)	Registered Agent and Registered Office shown	on the records of t	he Florida D	Pept, of State	- e:		
	390 NORTH ORANGE AVI	E., STE 230	00-N				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				-		
					· ·	. 20	
	ORLANDO	171	32801		_	2022 OCT	
		, 11,	<u> </u>		-	; CT	
(b)	Registered Agents Inc	C				RED 28 F	
(0)	Enter name of NEW Registered Agent and/or	NEW Registered	Office addr	ess:	-	T. P	
	7901 4th St N					128 PM 4: 05	
	NEW Registered Office Address:					ο, Ο	
	STE 300				-		
	St. Petersburg	FL	33702		-		
the cha agent v was/wa	imited liability company is not organize inge or changes are made, the Florida st will be identical. Or, in the case of a Florie ere authorized by an affirmative vote of icles of organization or the operating ag	reet address of orida limited lia the members o	the registe bility con f the limit	ered office ipany, it is ed liabilit	e and the business of s hereby confirmed y company or as oth	office of the registered that the change(s)	
	Rilly Park		Rile	y Park			
	ture of a member or authorized representative of		<u>-</u>		Printed or typed name		
provisi the obi to mer	by accept the appointment as registered ions of all statutes relative to the prope- ligations of my position as registered ay ely reflect a change in the registered of d in writing of this change.	r and complete _i ent as provided	performar I for in Ch	ice of my (apter 605	duties, and I am Jai. 5. F.S. Or, if this do	nitiar with and accept ocument is being filed	
sec 1	Bill Havre	- Assistant	Secreta	ary			

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

Signature of Registered Agent