Florida Department of State Division of Canorations

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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

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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 N	ome of the limited liability company: Not Alor	ne Dating A	pp 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)
	12/06/21	L210	00514621
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	UNITED STATES CORPORATION A	AGENTS, INC	
<i>(,</i> (,,,	Registered Agent and Registered Office shown on the records of	of the Florida Dept. of St	2022 DEC 55.2 Ch. 1. 2. 2. 1. 1. 2. 2. 1. 2. 2. 1. 2. 2. 1. 2. 2. 1. 2. 2. 1. 2. 2. 1. 2. 2. 1. 2. 2. 1. 2. 2. 1. 2. 2. 1. 2. 2. 2. 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.
	5575 S. SEMORAN BLVD.		
	Registered Office Address (MUST BE FLORIDA STREET)	T ADDRESS)	
	36		- LO A S S S S S S S S S S S S S S S S S S
	ORLANDO	_{1.} 32822	-8 PM 5: 2 RY OF STATIANSSEE, FL
(b)	Registered Agents Inc		26 1.17E
	Enter name of NEW Registered Agent and/or NEW Registered	ed Office address:	_
	7901 4th St N		
	NEW Registered Office Address:		
	STE 300		_
	St. Petersburg	ր. <mark>33702</mark>	
the cha agent v was/wa	imited 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	of the registered off liability company, is s of the limited liabi	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in
	ture of a member or authorized representative of a member	Riley Parl	
			Printed or typed name of signee
provisi the obl to mer notifie	by accept the appointment as registered agent and a ions of all statules relative to the proper and comple ligations of my position as registered agent as provid ely reflect a change in the registered office address, d'in writing of this change.	te performance of m led for in Chapter 6 I hereby confirm tha	ipacity. I further agree to comply with the y duties, and I am jamiliar with and accept 05, F.S. Or, if this document is being filed u the limited liability company has been
see 1	Bill Havre - Assista - Assista	int Secretary	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25,00

Signature of Registered Agent