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To:

Division of Corporations Fax Number : (850)517-6383

From:

 $\frown$ ----

| Account Name   | : | REGISTERED AGENTS | INC. |
|----------------|---|-------------------|------|
| Account Number | : | 120090000081      |      |
| Phone          | : | (307)200-2803     |      |
| Fax Number     | : | (813)436-5206     |      |



## LLC REGISTERED AGENT CHANGE **VENICE SPORTS CARDS & COLLECTIBLES, LLC**

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| Certificate of Status | 0       |
|-----------------------|---------|
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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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

| . Ni | Name of the limited liability company.                                    |                        | NICE SPORTS CARDS & COLLECTIBLES, LLC |   |  |  |  |
|------|---|------------------------|---------------------------------------|---|--|--|--|
| (a)  |   |                        | (b)                                   |   |  |  |  |
|      | Principal office address of limited li<br>( <u>Note: MUST BE STREET</u> ) |                        |                                       | Mailing address of limited liability company<br>( <u>Note: MAY BE POST OFFICE BOX</u> ) |  |  |  |
|      | 12/22/21  |                        | <br>L220                              | 00000550  |  |  |  |
|      | Date of filing/registration in  | n Florida              | -4,                                   | Document number   |  |  |  |
| (a)  | INC AUTHORITY RA  |                        |                                       |   |  |  |  |
| (11) | Registered Agent and Registered Office show                               |                        |                                       |   |  |  |  |
|      | 390 NORTH ORANGE AVE., STE 2300   | λN                     |                                       |   |  |  |  |
|      | Registered Office Address (MUST BEF                                       | LORIDA STREE           | ( ADDRESS)                            | SEUNICIAHASSEE  |  |  |  |
|      | ORLANDO   |                        | 51_ <mark>32801</mark>                | AN 8: 35  |  |  |  |
| (b)  | Registered Agents Inc   |                        |                                       |   |  |  |  |
| 1177 | Enter name of <u>NEW Registered Agent</u> and                             | or <u>NEW Register</u> | ed Office address                     |   |  |  |  |
|      | 7901 4th St N   |                        |                                       |   |  |  |  |
|      | NEW Registered Office Address   | <u></u> -              |                                       |   |  |  |  |
|      | STE 300   |                        | ·····                                 |   |  |  |  |
|      |   |                        |                                       |   |  |  |  |

agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Restance of a member of authorized representative of a member Robin Jones Printed or typed name of signee

*Thereby accept the appointment as registered agent and agree to act in this capacity.* Thirther agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and Lam familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby contirm that the limited liability company has been notified in writing of this change. Dated Coeffs David Roberts - Assistant Secretary

Signature of Registered Agent

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