Division of Corporations



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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 : (813)436-5206

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:	 	

LLC REGISTERED AGENT CHANGE DILKS WOODWORKING AND DESIGN L.L.C.

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K. SALY

1/12/2024 11:42:41 P\$T • To: 18506176383 Page: 2/2 From: Registered Agents Inc Fax 8134365206

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 Standes, 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.

1. 8	ame of the limited liability company: Dilks Woodworkin	ng and Design L.L.	C.
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)
2	01/19/22	L220000	
3.	Date of filing/registration in Florida	4.	Document number
5. (a	ZENBUSINESS INC.		
	Registered Agent and Registered Office shown on the records of 336 E. COLLEGE AVE.	State:	
	Registered Office Address <u>(MUST BE FLORIDA STREET)</u> SUITE 301		
	TALLAHASSEE , FL	32301	202 TAN
(b)	Northwest Registered Agent LLC	FILEL 2024 JAN 12 PM 4: 02 DEVAL ANASSEL FLORIDA TALLAHASSEL FLORIDA	
	NEW Registered Office Address:		— G. f.
	STE 300		02
	St. Petersburg , FI.	33702	
the ch agent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the registered of ability company, of the limited liab	ffice and the business office of the registered it is hereby confirmed that the change(s) pility company or as otherwise provided in
	ature of a member or authorized representative of a member	Nat Smith	
Sign	atore of a member or authorized representative of a member		Printed or typed name of signee
нопуа	cby accept the appointment as registered agent and agrifons of all statutes relative to the proper and complete ligations of my position as registered agent as provide cly reflect a change in the registered office address, I did writing of this change.	cc to act in this of performance of differ in Chapter hereby confirm to	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been
	Taylor Newman Assistant So	ecretary	
Signal	ure of Registered Agent		