Division of Corporations

Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000316215 3)))



H230003162153ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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.

꽃Æmail Address:__ 56

LLC REGISTERED AGENT CHANGE OWN THE MOMENT SERVICES LLC

Certificate of Status	U
Certified Copy	. 0
Page Count	02
Estimated Charge	\$25.00



Electronic Filing Menu — Corporate Filing Menu

Help

9/8/2023 11:32:37:

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.

1. 8	ame of the limited liability company.	nent Services LLC	
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		Mailing address of fimited liability company: (Note: MAY BE POST OFFICE BOX)
	01/21/22	L22	2000040776
3.	Date of filing/registration in Florida	4,	Document number
5. (a	, HIDALGO, NICOLE		
(b)	Registered Agent and Registered Office shown on the record	is of the Florida De	pt. of State
	2195 ROBERT J CONLAN BLVD NE		
	Registered Office Address	<u>ET ADDRESS)</u>	_
	307		2023
	PALM BAY		2023 SEP -
	Northwest Registered Agent LLC		
	Enter name of NEW Registered Agent and/or NEW Regist	ered Office addres	
	7901 4th St N		<u></u>
	NEW Registered Office Address:		,
	STE 300		
	St. Petersburg	. FL	
the chagent was/w the ar	limited liability company is not organized under th ange or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite were authorized by an affirmative vote of the member ticles of organization or the operating agreement of	ss of the registered liability compers of the limited liab	ed office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in ility company.
/	ature of a member of authorized representative of a member	Nat Smit	Printed or typed name of signee
There provis the of to mes notific	thy accept the appointment as registered agent and sions of all statutes relative to the proper and compiligations of my position as registered agent as provely reflect a change in the registered office addressed in writing of this change.	l agree to act in lefe performanc vided for in Cha s, I hereby confi	this capacity. I further agree to comply with the
	Taylor Newman · Assista	int Secretary	