Division of Corporations

## Florida Department of State 22 Devision of Corporations 989

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To:

Division of Corporations

Fax Number

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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 callings. Enter only one email address please.\*\*

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## LLC REGISTERED AGENT CHANGE MOONWATERGODDESSTAROT LLC

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Estimated Charge	\$25.00

(021,001,-7,111,121,58)

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10/7/2024 09:48.00 PDT。 To: 18506176383 Page, 2/2 Fax: 813436520/

## 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. Na	ame of the limited liability company:	ODDESSTA	ROT LLC		
2. (a)		(b)			
2. (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	7901 4th St N STE 300		7901 4th St	N STE 300	
	St Petersburg, FL 33702		St. Petersbi	лу, FL 33702	
	02/04/22	L	2200005989	<del>3</del> 4	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	DOUCET, JULIA				
()	Registered Agent and Registered Office shown on the records of				
	15400 NE 61'H AVE 204				
	Registered Office Address (MUST BE FLORIDA STREET)	<u>ADDRESS)</u>			
	MIAMI FL FI.	33162		2e2	
(b)	Registered Agents Inc			28710ST	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addr	ess:		
	7901 4th St N			F14.12:	
	NEW Registered Office Address:	-		2: 5:	
	STE 300			<u>ω</u>	
	St. Petersburg . F1	33702			
the cha agent v was/w the art Signa I here provis	imited 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 liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the florida member or authorized representative of a member by accept the appointment as registered agent and agrifons of all statutes relative to the proper and complete	ws of the S the registe ability con of the limit limited lia Robin rece to act i performa	ered office npany, it is ed liability dility com Jones  " this capa ice of my a	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.  Printed or typed name of signee acity. I further agree to comply with the laties, and I am familiar with and accept	
the ob- to mer	ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	d tor in CI hereby con	tapter 603,	.E.S. Or, it this document is being lifed	
~~~ ( ) <del>~</del> "	David Roberts - Assistant S	ecretary			

Signature of Registered Agent