Division of Corporations **Electronic Filing Cover Sheet** 

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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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## LLC REGISTERED AGENT CHANGE KOAMBO INTERNATIONAL LLC

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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.

1. Name of the limited li	Name of the limited liability company: KOAMBO International LLC		
2. (a)		(b)	
Principal office	address of limited liability company: IUST BE STREET ADDRESS)		Mailing address of hmited liability company: (Note: MAY BE POST OFFICE BOX)
02/07/22		<del></del>	000065250
	ing/registration in Florida DRPORATE SERVICES INC	4.	Document number
476 RIVERSI	Registered Office shown on the records of DE AVE.  Test (MUST BE FLORIDA STREET)		
<u>JACKSONVII</u>	<u>.LE</u> FI	1. 32202	202
(b) Registered	l Agents Inc		2022 DEC 28
	egistered Agent and/or NEW Registered	d Office address:	C 28
7901 4th S	StN		
NEW Registered Offic	e Address:		- AM 11: 2
STE 300			
St. Petersl	owrg . Fi	L <u>33702</u>	
he change or changes are in agent will be identical. Or was/were authorized by an the articles of organization	made, the Florida street address o , in the case of a Florida limited I affirmative vote of the members or the operating agreement of the	f the registered of lability company, of the limited liab	Florida, it is hereby confirmed that after fice and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in company.
Rilm	Tark.		Riley Park
I hereby accept the appoin provisions of all statutes re the obligations of my positi	lative to the proper and complete ion as registered agent as provida in the registered office address. I hapge.	e performance of n ed for in Chapter (	Primed or typed name of signee apacity. I further agree to comply with the average of the sum of th