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.

(((H22000096418 3)))



H220000964183ABC%

**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 : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600

Fax Number : (323)962-3889

\*\*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 ROYAL AUSTRALIAN LABRADOODLES LLC

 Certificate of Status
 0

 Certified Copy
 0

 Page Count
 02

 Estimated Charge
 \$25.00

2022 HAR 15 AM 10: 13

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY MAR 1 6 2022

## 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.

1/2	of the limited liability company: 5 E Venice Ave., Unit 104-				Venice Ave., Un	
(a) 145	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		_ (b)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
Ve	nice, FL 34292		_	Venice,	FL 34292	
02/	11/2022		- 1	_220000	71656	
	Date of filing/registration in	ı Florida	4.		Document number	
(a) Ro	bert Hoover					
(a) Regi	stered Agent and Registered Office sho	wa on the records of th	e Florida	Dept. of Sta	ite;	
140	35 E Venice Ave., Unit 104	-124				
Regi	istered Office Address (MUST BE F	LORIDA STREET A	DDRESS		<del></del>	5 Ei
_						22
Ve	nice	, FL_	34292		<del></del>	1922 HAR IS PH 4: 14
{D}	UNITED STATES CORPORATION AGENTS, INC.				_	30 是
Ente	r name of NEW Registered Agent and	or NEW Registered (	Mice add	ress:		是 · ·
55	75 S. Semoran Blvd., Suite	∍ 36		= 10111	<del></del>	The second secon
NE	W Registered Office Address:					
Or	lando	FI .	32822		_	
change ent will b s/were a articles	ed liability company is not organ or changes are made, the Floridice identical. Or, in the case of a uthorized by an affirmative vote of organization or the operating	nized under the law a street address of Florida limited lia tof the members of	es of the the regis bility co f the lim limited l	tered offi mpany, it ited liabil iability co	ce and the husiness is hereby confirmed ity company or as of ompany.	office of the registere I that the change(s)
irmature o	of a member or authorized representative	<del>_</del>	1101	en noo	Printed or typed nam	e of signee
hereby ac ovisions obligati merely re	ccept the appointment as registe of all statutes relative to the proions of my position as registered effect a change in the registered writing of this change.  CHEYENNE MOSELEY, A	red agent and agri per and complete I agent as provided office address, I h SSISTANT SECRETARY	perform I for in ( vereby co	ance of m Chapter of Onfirm tha	pacity. I further agr y duties, and I am fo 05. F.S. Or, if this d	ree to comply with the miliar with and accep locument is being filed
graphite of	STATES CORPORATION A Registered Agent	GENTS, INC.				
7	•	norstionse P.O. R				