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COVER LETTER .

Division of	n Section f Corporations		
SUBJECT:	All In Digital, LLC		
	Name of L	imited Li	ability Company
Dear Sir or Madam	:		
The enclosed Regis	stered Agent/Registered Office Cha	ange and i	fee(s) are submitted for filing.
Please return all co	rrespondence concerning this matte	er to the f	ollowing:
Becky Greenfield			
	Name of Person		_
Wolfe Pincavage	, I.I.P		
	Firm/Company		
7800 SW 57th /	Vve., Suite 217		
	Address		
South Miami, I	Horida 33143		
	City/State and Zip Code		_
dominicjosep	hsirianni@gmail.com		
E-mail addres	s: (to be used for future annual rep	ort notific	cation)
For further informa	tion concerning this matter, please	call:	
Becky Greenf		786	_) 409-0803
Na	me of Person		Area Code & Daytime Telephone Number
Mailing A	ddress:		Street Address:
Registratio	on Section		Registration Section
	f Corporations		Division of Corporations
P.O. Box 6			The Centre of Tallahassee
Tallahasse	re, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is	s a check for the following amous	nt:	
□ \$25 Fili	ng Fee	© \$5:	5 Filing Fee & Certified Copy

INHS18 (2/14)

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.	Na	me of the limited liability company: All In Digital,	LLC					
2	(a)	102 NE 2nd Street	(b)	102 NE	2nd Street			
	1-/	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(D).		lailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		Unit 339		Uı	nit 339			
		Boca Raton, FL 33432		Вос	a Raton, FL 33432			
		02/09/2022	_	L2200	00078014			
3.		Date of filing/registration in Florida	4.	1	Document number			
5.	(a)	Corporation Service Company						
		Registered Agent and Registered Office shown on the records of t	the Florida D	ept. of State:				
		1201 Hayes Street			202			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)							
		Tallahassee, FL	32301					
	(b)	GSF Group, LLC			P P P			
		Enter name of NEW Registered Agent and/or NEW Registered	Office addr	<u>ess</u> :	निस् क			
		433 Plaza Real						
		NEW Registered Office Address:						
		Suite 351						
		Boca Raton F1		_				
		, FL	3343:	2				
age wa	ange ent v s/we	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	registered bility com f the limite	office and pany, it is additionally the second contractions of the second c	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in			
_			D	ominic S				
		ure of a morner or authorized representative of a member			Printed or typed name of signee			
the to	obli nere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address. I have the property of this change.	ee to act in performand for in Che ereby conf	this capac ce of my di apter 605, irm that th	city. I further agree to comply with the sties, and I am familiar with and accept F.S. Or, if this document is being filed be limited liability company has been			
Si	gnatu	re of Register Agent		75 N A	51.000			

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00