L220000 79676

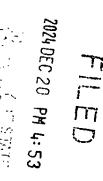
(Requestor's Name)									
(Address)									
(Address)									
(City/State/Zip/Phone #)									
(,,									
PICK-UP WAIT MAIL									
(Business Entity Name)									
(Document Number)									
Certified Copies Certificates of Status									
Octation Copies									
Special Instructions to Filing Officer:									
epode included to 1 ming ember.									





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COVE

COVER LETTER

	egistration Section vision of Corporations			
SUBJECT	Digitace, LLC			
		Name of Lin	nited Lial	bility Company
Dear Sir or	r Madam:			
The enclos	sed Registered Agent/Registered	Office Chan	ge and fe	ee(s) are submitted for filing.
Please retu	ırn all correspondence concernir	ig this matter	to the fo	llowing:
Pramon Ba	stian			
	Name of Person		•	_
Digitace, L	LC			
	Firm/Company			_
2807 W. B	usch Blvd., Ste 120			
	Address			
Tampa, FL	- 33618			
	City/State and Zip Co	de		_
pbastian@t	eamlogicit.com			
E-ma	nil address: (to be used for future	annual repor	rt notifica	ation)
For further	information concerning this ma	itter, please c	all:	
Pramon Ba	stian	8 <u>4</u> at (47	3095824
	Name of Person			Area Code & Daytime Telephone Number
М	ailing Address:			Street Address:
	egistration Section			Registration Section
	ivision of Corporations			Division of Corporations
P.(O. Box 6327			The Centre of Tallahassee
Ta	ıllahassee, FL 32314			2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Er	nclosed is a check for the follow	ving amount	:	
	\$25 Filing Fee		□ \$55	Filing Fee & Certified Copy

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.

(a)	2807 W. Busch Blvd., Ste 120, Tampa, FL - 33618	(b	2807 W.	. Busch Blvc	J., Ste 120.	Tampa.	.FL - 33618
(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	02/17/2022			79676			
	Date of filing/registration in Florida	4.		Docume	nt number		
	Northwest Registered Agent LLC						
(a)	Registered Agent and Registered Office shown on the records	of the Florida	Dept. of St	ate:			
	Registered Office Address 7901 4th St N, Ste 300	<u>ET ADDRESS</u>	<u>.</u>				
	St. Petersburg	FL_33702			s E	2024 DEC	
(b)	Digitace, LLC				7 :	DEC 2	
	Enter name of NEW Registered Agent and/or NEW Registe		WSSEE	20 PK	m		
	NEW Registered Office Address:			_	17.15	կ։ 53	\circ
	2807 W. Busch Blvd., Ste 120		177	ω			
	Татра	33618					
ange ent v as/we e arti Signa	imited liability company is not organized under the or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member cles of organization or the operating agreement of the function of the member of a member or authorized representative of a member of all statutes relative to the proper and complete ons of all statutes relative to the proper and complete	the registere I liability co rs of the lim he limited li Pran	d office a mpany, it ited liabil ability co non Bastian in this ca	ind the busing hereby company. Printed or pacity. I fine	ness office confirmed by or as oth typed name	e of the that the nerwise	e registered e change(s) e provided in
obl mere tified	ons of all statutes relative to the proper and comple igations of my position as registered agent as provi ely reflect a change in the registered office address, I in writing of this change.	ded for in C I hereby co	hapter 60 nfirm tha	05, F.S. Or t the limited	if this do d liability	cumen compa	t is being file ny has been

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