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To:	Division of Corporations		
	Fax Number : (850)617-6383		- - -
From:		7	-
	Account Name : REGISTERED AGE	NTS INC.	-
	Account Number : I20090000081		
	Phone : (307)200-2803 Fax Number : (855)330-1010		
	(111)		
	email address for this business e		
annual	report mailings. Enter only one e	email address please.**	K ~~
- '1 4	ddress:		

LLC REGISTERED AGENT CHANGE DOODTACULAR LLC

Certificate of Status	0
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Page Count	02
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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. N.		cular LLC	
2. (a)	7901 4th St N	_(b) 7901 4t	th St N
(u)	Principal office address of limited liability company. (Note: MUST BE STREET ADDRESS)	 · · 	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	STE 300	STE 30	0
	St. Petersburg FL 33702	St. Peters	sburg FL 33702
	02/18/22	L22000	0080717
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	UNITED STATES CORPORATION A	AGENTS, INC.	
J. (a)	Registered Agent and Registered Office shown on the records of		
	5575 S. SEMORAN BLVD.		
	Registered Office Address (MUST BE FLORIDA STREE)	T ADDRESS)	
	SUITE 36		
	Orlando	32822	
(h)	Registered Agents Inc.		202
(8.7	Enter name of NEW Registered Agent and/or NEW Registered	ed Office address:	
	7901 4th St N		PIL 2022 MAR - 4 DEGREES S 311 ANASSE
	NEW Registered Office Address:		
	STE 300		PH 4:
	St. Petersburg	_{-L} 33702	第二
the cha agent was/was/was/was/was/was/was/was/was/was/	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the ture of a member or authorized representative of a member	of the registered office liability company, it is s of the limited liability ne limited liability comp Riley Park	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
provisi the obi to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address, d in writing of this change.	te performance of my d ded for in Chapter 605,	luties, and I am familiar with and accept F.S. Or, if this document is being filed

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

- Assistant Secretary

Bill Havre

Signature of Registered Agent