Florida Department of State

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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 : (813)436-5206

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 TWO SEVEN, 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.	Nā	ame of the limited liability company: TWO SEVEN	LLC				·		
2.	(a)	Principal office address of limited Hability company: (Note: MUST BE STREET ADDRESS)	(t	o) _		Mailing address of (Note: MAY B		•	
			_				_		
		02/21/2022		_ _L	_220000				
3.		Date of filing/registration in Florida	4.			Document nui	mber		
5.	(a)	INCORP SERVICES, INC.		•					
		Registered Agent and Registered Office shown on the records of the Florida Dept. of State:							
		3458 LAKESHORE DRIVE							
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	2		•			
		TALLAHASSEE , FL	32312	>					
	(b)	Northwest Registered Agent LLC						2023 JUL 11 O	.
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad	dre	<u>:55</u> :		22 fin	F	F APF
							经营	0	
		7901 4th St N					ing	2	ED DVEU
		NEW Registered Office Address:					S. S.	ယ္ဟ	Ė
		STE 300				- <u>평</u> 주 당류		දුර	
		St. Petersburg , FL	33702						
the ag wa	e cha ent w is/we	imited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	the regisobility co f the lim	ste om nite	red office pany, it is ed liability	and the busin hereby confir company or a	ess office of med that the	of the he cha	registered inge(s)
_/	<u> </u>	wt Smith	Nat	: <u>S</u>	mith				
7	Signat	ture of a member or authorized representative of a member				Printed or typed	name of sigr	ice	_
pr the to	ovisi 2 obl mere	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete igations of my position as registered agent as provided ly reflect a change in the registered office address, I have a change in the registered office address, I have a change in the registered office.	ee to act perform I for in C tereby co	in and Cho onf	this capa ce of my a apter 605 firm that t	ncity. I further luties, and I ar , F.S. Or, if th the limited liab	agree to on familiar is docume oility comp	compl with a nt is t any h	y with the and accept seing filed as been
18:	gnatui	Taylor Newman - Assistant Secretary	•						