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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.\*\*

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## LLC REGISTERED AGENT CHANGE **DENGALLC**

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4/29/2024 14:13:35 PDT To: 18506176383 Page: 2/2 Fax: 8134365206

## 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	ame of the limited liability company:	·	
2. (a)		(b)	
·	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<u> </u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	02/14/22		000094554
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
(b)	Registered Agent and Registered Office shown on the records of t	he Florida Dep	it, of State:
	4700 SHERIDAN STREET	· · · · · · · · · · · · · · · · · · ·	
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	
	SUITE T		
	HOLLYWOOD	33021	
			202
	Northwest Registered Agent LLC		2024 75 R
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address	
	7901 4th St N		ω: Ο
	NEW Registered Office Address:		<del></del> **:
	STE 300		- <u>-</u> -!
	St. Petersburg	33702	
the cha agent v was/we the arti	imited liability company is not organized under the law inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	s of the Stat the registere bility compa	te of Florida, it is hereby confirmed that after ad office and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company.
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
I here. provisi the obl to mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change.		
/-u- /	Taylor Newman - Assistant Se	cretary	