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To:

Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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## LLC REGISTERED AGENT CHANGE HOT CAKE GAMES LLC

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K. SALY

SEP--1-3 2024

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9/13/2024 95-27:32 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.

l. Na	ame of the limited liability company: HOT CAKE G.	AMES LLC	
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
3.	Date of filing/registration in Florida  Marrero, Marlon		202120585 Document number
5. (a)	Registered Agent and Registered Office shown on the records	of the Elerida Dear .	of States
	236 Lakeside Garden Cir	en die 1 Mateur Dept. o	
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	
	Lake Wales	33859	TALLENS STELLINGS
(b)	REGISTERED AGENTS INC		第一天 下
(17)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office address.	
	7901 4TH ST N		25 P. C.
	NEW Registered Office Address		
	STE 300		<u></u>
	ST PETERSBURG	FL	
change agent w was/wo the arti	imited liability company is not organized under the lear changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the members cles of organization or the operating agreement of the	he registered offic liability company s of the limited lia	te and the business office of the registered to the change(s) to the change (s) to t
1 Com	here of a member or authorized representative of a member	Robin Jone	<u> </u>
I herel provisi the obli to mero notified	by accept the appointment as registered agent and a ons of all statutes relative to the proper and complet igations of my position as registered agent as provia dy reflect a change in the registered office address, i I in writing of this change.	gree to act in this le performance of led for in Chapter I hereby confirm i	Printed or typed name of signee capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed that the limited liability company has been
1 20%	David Roberts		
១កើរនៅរា	re of Registered Agent		