4/13/23, 11:25 AM

Division of Corporations

Florida Department of State

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termina managang a dada galah kalangang pengada makaya sayah pungan pengangkan kalandang panggahan kepada sayah sayah pengangan sayah kalandar da ana

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600

Fax Number : (323)389-0502

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 ALL IN DEMO LLC

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M. SOLOMON APR 17 2023

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To:

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	ime of the limited liability company	ALL IN DEMO	LLC		
2. (a)	14055 Barcelona Ave.	1	(b) 1405		
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited to (Note: MAY BE POST)	
	Fort Myers, FL 33905	Fort Myers, FL 33905			
	03/15/2022		L22000	0130248	
3.	Date of filing/registration	in Florida	4.	Document number	
5. (a)	UNITED STATES CORPOR	ATION AGENTS	S, INC.		
). (a)	Registered Agent and Registered Office sh 476 RIVERSIDE AVE.	State:	- 22		
	Registered Office Address (MUST BE		923 APR 13		
	JACKSONVILLE	, FL	32202		- 第4 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -
(b)	Mark Cusack Enter name of NEW Registered Agent an		AH OF S		
	14055 Barcelona Ave.		IXIE ORID/		
	NEW Registered Office Address:				
	Fort Myers	. FL_	33905		
the cha agent v was/wa	imited liability company is not orgating or changes are made, the Floric will be identical. Or, in the case of a sere authorized by an affirmative voticity of organization or the operating	la street address of t a Florida limited lia e of the members of	the registered of bility company, the limited liab	fice and the business offi it is hereby confirmed the ility company or as other	ce of the registered at the change(s)
	The		Mark Cusa		
Signa	ture of a member or authorized representati	ve of a member		Printed or typed name of	signee
provisi the obt	by accept the appointment as registions of all statutes relative to the priligations of my position as registere ely reflect a change in the registered in forthing of this change.	ered agent and agre oper and complete j d agent as providea d office address. I h	ee to act in this c performance of i i for in Chapter i ereby confirm th	capacity. I further agree ny duties, and I am famil 605, F.S. Or. if this docu nat the limited liability co	to comply with the iar with and accept ment is being filed impany has been
Signate	re of Registered Agent				