Florida Department of State Division of Comporation

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (855)330-1010

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LLC REGISTERED AGENT CHANGE **IDEATION DEPT 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. N	ame of the limited liability company:	ation D	ept	LLC					
2. (a)			(b)					
(u)	Principal office address of limited liability con (Note: MUST BE STREET ADDRESS		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)						
	7901 4th St N STE 300		7901 4th St N STE 300						
	St. Petersburg FL		St. Petersburg FL 33702						
	03/28/22			L22000150759					
3.	Date of filing/registration in Florida	la	4.	·	Document num	ber			
5. (a	TU CONTADOR EN MIAMI LLO	С							
J. (a	Registered Agent and Registered Office shown on the		e Florid	la Dept. of Stat	e:				
	1946 TYLER ST								
	Registered Office Address (MUST BE FLORIDA	STREET AL	DDRES	<u>S)</u>	_				
	HOLLYWOOD	, FL_	3302	0		-	2027		
(b)	Northwest Registered Agent LLC			_	-	2022 JUL 22	:		
	Enter name of NEW Registered Agent and/or NEW	Registered (Mice a	<u>idress</u> :			22	- 문찰:	
	7901 4th St N								
	<u>NEW</u> Registered Office Address:							,	
	STE 300	··· <u>•</u> ······			-		5.		
	St. Petersburg	, FL_	3370	2	-				
the chagent was/w	limited liability company is not organized und ange or changes are made, the Florida street a will be identical. Or, in the case of a Florida were authorized by an affirmative vote of the naticles of organization or the operating agreem	address of t limited lial members of	he reg bility c the lir	istered offic ompany, it i nited liabilia	e and the busined is hereby confirm ty company or as	ss office (ned that tl	of the re he chan	egistered ge(s)	
Signature of a member or authorized representative of a member				organ No					
Sign	ature of a member or authorized representative of a men	nber	-		Printed or typed n	ame of sign	ice		
I here provis the ob- to me	eby accept the appointment as registered ager sions of all statutes relative to the proper and digations of my position as registered agent a rely reflect a change in the registered office a	nt and agre 'complete p is provided iddress, I h	e to ac perform for in ereby c	et in this cap nance of my Chapter 60, confirm that	pacity. I further of duties, and I am 5, F.S. Or, if this the limited liabi	agree to c familiar s docume lity comp	comply with an nt is bec any has	with the d accept ing filed c been	

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

Tom Glover - Assistant Secretary

in writing of this change.

Signature of Registered Agent