3/27/25, 4:22 PM

Division of Corporations

Slorida Dep**u**rtment of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 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 SVELTIFY 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. Na	ame of the limited liability company:				
2. (a)	7901 4th St N	(b	(b) 7901 4th St N		
(- ,	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)	
	STE 300	_	STE 300		
	St. Petersburg FL 33702	_	St. Petersb	urg FL 33702	
	04/14/22		L220001798	03	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	ROCKET LAWYER CORPORATE SERVICES LLC				
J. (a)	Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of State	- *:	
	155 OFFICE PLAZA DRIVE				
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	<u>)</u>	-	
	1ST FLOOR			_	
	TALLAHASSEE	32301			
(b)	Registered Agents Inc			n25	
(17)	Enter name of NEW Registered Agent and/or NEW Registered Office address:		हीं म		
	7901 4th St N			FILED 2025 Mar 27 PM	
	NEW Registered Office Address:				
	STE 300			6 - 5	
	St. Petersburg . FL	33702		·	
the cha agent v was/wa the arti	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia cre authorized by an affirmative vote of the members of icles of organization or the operating agreement of the human function of a member or authorized representative of a member	the regis ibility co f the lim limited l	tered office mpany, it is ited liability	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in apany.	
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee	
provisi the obl to merc natifies	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change. David Roberts - Assistant Se	performe I for in C ierchy co	in this cape ince of my c Thapter 605 onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been	
	re of Registered Agent	CICIAIY			