Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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 **MYKADEM LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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: MYKADEM 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)		
	7901 4th St N STE 300	7	7901 4th St N STE 300		
	St. Petersburg FL 33702		St. Petersburg FL 33702		
	05/13/2022	L2	22000225948		
3.	Date of filing/registration in Florida	4.	Document number		
. (a)	NISHAD KHAN, P.L.				
. (4)	Registered Agent and Registered Office shown on the records o	ept. of State:			
	1303 N. ORANGE AVE.				
	Registered Office Address (MUST BE FLORIDA STREET	'ADDRESS)	<u>-</u>		
	ORLANDO , F	_{L_} 32804	202		
(b)	Northwest Registered Agent LLC	2023 JUN -			
	Enter name of NEW Registered Agent and/or NEW Registere	d Office addre	1 = 2		
	7901 4th St N				
	NEW Registered Office Address:		 		
	STE 300				
	St. Petersburg , FI	33702 L			
ie chai gent w as/we	mited liability company is not organized under the lange or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited line authorized by an affirmative vote of the members cles of organization or the operating agreement of the	f the register lability comp of the limite	red office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in bility company.		
Signati	ure of a member or authorized representative of a member		Nat Smith Printed or typed name of signee		
hereb rovisio ne obli mere	by accept the appointment as registered agent and agons of all statutes relative to the proper and complete gations of my position as registered agent as provide ly reflect a change in the registered office address, I in writing of this change.	ree to act in e performanc ed for in Cha hereby conf	this canacity. I further garage to comply with the		

- Assistant Secretary

Taylor Newman