Division of Corporations

Elorida 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 : (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.

Bmail Address:_____

LLC REGISTERED AGENT CHANGE SLAUGHTER GRAPHICS, LLC

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Help

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Ta: 18506176383

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.

I. Na	nne of the limited liability company:	R GRAPHICS, LLC	
2. (a)	, , , 	(b)	
2. (a)	Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	05/23/22	L2200	00238883
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	SLAUGHTER, CALVIN R		
., (47	Registered Agent and Registered Office shown on the reco		
	Registered Office Address (MUST BE FLORIDA STR	IEET ADDRESS)	
	731 HERMAN AVE		
	ORLANDO	. FL ³²⁸⁰³	
(b)	Northwest Registered Agent LLC Enter name of NEW Registered Agent and/or NEW Registered Agent	1.00	
	Enter name of NEW Registered Agent and/or NEW Regis	stered Office address:	
	7901 4th St N		
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg	_, FL	
the cha agent v was/we the arti	imited liability company is not organized under the singe or changes are made, the Florida street addrewill be identical. Or, in the case of a Florida limitere authorized by an affirmative vote of the membels of organization or the operating agreement of the case of the members of the case of	ess of the registered ted liability compar bers of the limited l	d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.
Siena	ture of a member or authorized representative of a member	- INAL SHILLI	Printed or typed name of signee
I herei provisi the obl to mere	by accept the appointment as registered agent an ions of all statutes relative to the proper and com igations of my position as registered agent as pro ely reflect a change in the registered office addre d in writing of this change.	d agree to act in the plete performance ovided for in Chapt sss, I hereby confiri	is canacity. I further agree to comply with the
. 81	Taylor Newman - Assist	ant Secretary	

FILING FEE: \$25.00