

122000255756

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

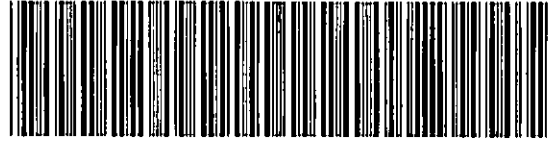
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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ALABAMA SECRETARY OF REVENUE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOURCECHAIN LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

EVE MILLER

Name of Person

Firm/Company

1314 E Las Olas Blvd. #2104

Address

Fort Lauderdale, FL 3301

City/State and Zip Code

eve@sourcechain.io

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EVE MILLER 818 274-2169

Name of Person at () Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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SOURCECHAIN

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.

SOURCECHAIN LLC

1. Name of the limited liability company: _____

2. (a) _____ (b) _____

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

1314 E Las Olas Blvd, #2104

1314 E Las Olas Blvd, #2104

Fort Lauderdale, FL 3301

Fort Lauderdale, FL 3301

06/06/2022

L22000258756

3. _____ Date of filing/registration in Florida

4. _____ Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
MILLER, EVE

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

1839 Middle River Drive #104

Fort Lauderdale

33305

FL

(b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

EVE MILLER

NEW Registered Office Address:

1314 E Las Olas Blvd, #2104

Fort Lauderdale

3301

FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Eve Miller

EVE MILLER

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

EVE MILLER

Signature of Registered Agent

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TALLAHASSEE, FL