Division of Corporations

Florida Department of State

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

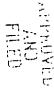
Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FILIDAY	MUULESS.			

LLC REGISTERED AGENT CHANGE **TEK RIDERS 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.

I. Na	ame of the limited li	Te ability company:	k Riders LLC						
2. (a)				(b)				
27 (47)	Principal office	address of limited liabili		_ (0		Mailing address (<u>Note: MA1</u>			
	602 Ft Duquesna D	ı			7901 4th S	t N STE 300			
	Sun City Center FL	33573		-	St. Petersb	ourg FL 33702	!		
	06/10/22			ı	L220002653	314			
3.	Date of fil	ing/registration in Fl	orida	4.	•	Document i	number		
5. (a)	Petrucci, Monica Lyr	ıa							
(*****************************	Registered Office shown o	on the records of th	e Florida	Dept. of Stat	e:			
	Registered Office Add	ress (MUST BE FLO)	KIDA STREET AL	DDRESS)	<u>. </u>	-			
	1513 Hartwick DR								
	SUN CITY CENTER		. FL ³	3573		-			
(b)	Registered Agents In-	с			~~	_		202	
(0)	Enter name of NEW R	egistered Agent and/or N	EW Registered C)ffice add	lress:	-		3 N C	<u> </u>
	7901 4th St N							023 NOV -8	
	<u>NEW</u> Registered Offic	e Address:				-	• •	AH	음맥돌
	STE 300	<u>.</u> .				_		!	ţŢ.
	St. Petersburg		, FL_	3702		_		34	
the cha agent v was/we the arti	inge or changes are invilled be identical. Or creathorized by an include of organization	pany is not organized made, the Florida str in the case of a Flor affirmative vote of to or the operating agr	cet address of the rida limited liab he members of eement of the li	he regis pility con the limi imited li	tered office inpany, it is ited liabilit	e and the bus s hereby con y company c	siness of ifirmed t	fice of hat the	the registered change(s)
Signat	ture of a member or auth	orized representative of a	member			Printed or typ	oed name o	of signe	<u> </u>
provisi the obl to mere	ons of all statutes re igations of my posite ely reflect a change I in writing of this c	ntment as registered elative to the proper ion as registered ago in the registered offi hange. David Roberts	and complete p ent as provided ce address, I he	erforma for in C ereby co	ince of my hapter 605	duties, and I 5, F.S. Or, if	' am fam ' this doc	iliar w xumeni	ith and accept is being filed
<u>'U</u>	re of Registered Agent	——————————————————————————————————————	- Assistant Sec	retary					