

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000226908 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

- 15612148442

Fax Number : (850) 617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 : (561)694-8107 Phone Fax Number : (561)214-8442

\*\*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 CARGILL GROUP HYPNOSIS LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

JUL - 3 2024

## 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. N	ame of the limited liability company: Cargill Group Hy	pnosis	LLC	
2. (a)	411 Walnut St. 18936		(b) 411 Waint	n St. 18936
, .	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	Green Cove Spring, FL 32043	_	Green Cov	e Spring, FL 32043
	06/09/2022		1220002653	73
<ul><li>3.</li><li>5. (a</li></ul>	Date of filing/registration in Florida LEGALINC CORPORATE SERVICES INC.	4.		Document number
(a	Registered Agent and Registered Office shown on the records of 476 Riverside Avc.	the Flo	rida Dept. of Stat	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		TALLAHASS	
	Jacksonville, FI	3220	2	JUL-2
(b)	Corporate Creations Network Inc.			
(-,	Enter name of NEW Registered Agent and/or NEW Registered	<u>i Office</u>	address:	FELINAL TO
	801 US Highway 1			<del>4.</del> .
	NEW Registered Office Address:	·		_
	North Palm Beach , FI	3340	8	_
chang agent was/w	limited liability company is not organized under the la e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li- vere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	regist ability of the	tered office an company, it is limited liabilit	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
	Kristen Espinales	ŀ	Cristen Espinale	s, Attorney-in-Fact
Sign	ature of a member or authorized representative of a member			Printed or typed name of signee
provis the ob to me	eby accept the appointment as registered agent and age sions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I red in writing of this change.	ree to perford for i hereby	act in this capt rmance of my n Chapter 605 confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept is. F.S. Or, if this document is being filed the limited liability company has been
,	Kristen Espinales Kristen Espinales, Special Secretary			
Signat	ure of Registered Agent			