

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

L22000265422

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.
Account Number : 120090000081
Phone : (307)200-2803
Fax Number : (813)436-5206

2024 AUG-7 AM 3:45
TALLAHASSEE, FLORIDA
SECY OF STATE, DIVISION
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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 CHECKPIXEL LLC

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Estimated Charge	\$25.00

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DIVISION OF CORPORATIONS
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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.

1. Name of the limited liability company: CHECKPIXEL 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)

06/13/2022

L22000265422

3. Date of filing/registration in Florida 4. Document number

5. (a) CCS REPRESENTATIVES LLC

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

20200 W DIXIE HWY STE 707

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

MIAMI 33180
, FL

(b) NORTHWEST REGISTERED AGENT LLC

Enter name of NEW Registered Agent and/or NEW Registered Office address:

7901 4TH ST N

NEW Registered Office Address

STE 300

ST. PETERSBURG 33702
, 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.

Nat Smith

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.

Taylor Newman

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00

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