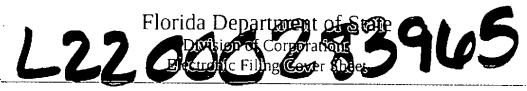
Jus.

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Division of Corporations



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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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## LLC REGISTERED AGENT CHANGE CLOUHD LLC

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6/21/2024 07:57:09 PDT\_ To: 18506176383 Page: 2/2 Fax: 8134365206

## 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.

(a)	9.	(b)			
()	Principal office address of limited tiability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	:_ 06/22/2022	L220	000283965		
(a)	Date of filing/registration in Florida ZenBüsiness Inc.	4.	Document number		
5. (a)  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  336 E. College Ave.					
	Registered Office Address (MUST BE FLORIDA STREET) Suite 301	ADDRESS)			
	Tallahassee, Fi	32301			
(b)	REGISTERED AGENTS INC		22		
(- /	Enter name of NEW Registered Agent and/or NEW Registered	d Office address	2024		
	7901 4TH ST N		~ ~ ~		
	NEW Registered Office Address:				
	STE 300		——————————————————————————————————————		
			ċù		
	ST. PETERSBURG	33702	بر من		
ange ent v as/we e arti	imited liability company is not organized under the la or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registered off ability compar of the limited	fice 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.		
Signa:	fure of a member or authorized representative of a member		Printed or typed name of signee		
	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I	ree to act in th	nis canacity. I further goree to comply with the		

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