L22000322210

(Requestor's Name)						
(Address)						
(Address)						
(,						
(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
(2002						
0.07.40.4						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



300410692683

- 06/20/23--01034--019。- **25.00

PO JUN 20 PM 4: 27

COVER LETTER

	egistration Section livision of Corporations						
SUBJEC	THUMBWIND PUBLICATIONS LLC						
JODGEC	1	Name of Limited Liability Company					
Dear Sir o	or Madam:						
The enclo	sed Registered Agent/Registered	l Office Change	and fee(s) are submitted for filing.				
Please ret	urn all correspondence concernin	ng this matter to	the following:				
JIM GAY							
	Name of Person						
JIM GAY	CPA						
	Firm/Company						
3984 MAN	ATEE AVE E						
	Address	_					
BRADENT	ON, FL 34208						
	City/State and Zip Coo	de					
OFFICE@	IIMGAYCPA.COM						
E-ma	il address: (to be used for future	annual report n	otification)				
or further	information concerning this mat	tter, please call:					
IM GAY		941 at (747-0588				
	Name of Person		Area Code & Daytime Telephone Number				
<u>M</u>	ailing Address:		Street Address:				
	gistration Section		Registration Section				
	vision of Corporations		Division of Corporations				
	D. Box 6327		The Centre of Tallahassee				
Ta	llahassee, FL 32314		2415 N. Monroe Street, Suite 810				
			Tallahassee, FL 32303				
En	closed is a check for the follow	ing amount:					
	\$25 Filing Fee		\$55 Filing Fee & Certified Copy				

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 a	ame of the limited liability company:	PUBLIC	CATIONS LLC	2
2 (a)			(b)	
3. 5. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	104 41ST STREET NORTHEAST		104 41ST	STREET NORTHEAST
	BRADENTON, FL 34208		BRADEN	TON, FL 34208
	07/20/2022		L22000322	210
	Date of filing/registration in Florida ZENBUSINESS INC.	4.		Document number
	Registered Agent and Registered Office shown on the records of 336 E. COLLEGE AVE.	the Flor	da Dept. of Sta	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) SUITE 301			FILE 2023 JUN 20 I
	TALLAHASSEE , FI	32301		
(b)	JIM GAY CPA			
	Enter name of NEW Registered Agent and/or NEW Registered	27 RIDA		
	3984 MANATEE AVE			
	NEW Registered Office Address:			-
	BRADENTON , FL	34208		-
change of agent with was/wer the artic	mited liability company is not organized under the law or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of the organization or the operating agreement of the free of a member or authorized representative of a member	registe sbility c of the lin limited MI	red office and ompany, it is nited liability liability com CHAEL HAR	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. DY Printed or typed name of signee
provision the oblig to merely	v accept the appointment as registered agent and agr ns of all statutes relative to the proper and complete cations of my position as registered agent as provided y reflect a change in the registered office address, I h in writing of this change	ee to ac perform I for in ereby c	t in this capa ance of my a Chapter 605, onfirm that t	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
Signature	of Registered Agent			