## doxida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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**Enter	the	email	address	for	this	business	entity	to	be	used	for	future	3
ഗar	nual	repor	t mailin	gs.	Enter	only one	email	add	res	s ple	ase.	**	

## LLC REGISTERED AGENT CHANGE THE HOTWIFE TOUR LLC

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

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Corporate Filing Menu

HelpT. LEMIEUX APR - 5 2023

## 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

1.	Na	me of the limited liability company: THE HOTWIF	E TOUR	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)						
		07/27/2022	L2	22000332939						
3.		Date of filing/registration in Florida	4.	Document number						
5.	(a)	UNITED STATES CORPORATION AGENT	S, INC.							
•••	()	Registered Agent and Registered Office shown on the records of t	he Florida De	pt. of State:						
		476 RIVERSIDE AVE.								
		Registered Office Address (MUST BE FLORIDA STREET A	ADDRESS)	2023 400						
		JACKSONVILLE , FL.	32202							
	(b)	Registered Agents Inc								
	ζ,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addres							
		7901 4th St N		1: 21 021.7						
		NEW Registered Office Address:								
		STE 300								
		St. Petersburg , FL	33702	<del></del>						
the ago wa the	echa ent v is/we earti	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagree authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the register ability comp of the limited limited liab	red office and the business office of the registered bany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in sility company.						
1	سر <i>ر</i> ک Signa	ture of a member or authorized representative of a member	Robin	Printed or typed name of signee						
I l pre the to	herei ovisi obl mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. I have in writing of this change.	ee to act in performand I for in Cha nereby confi	this capacity. I further garee to comply with the						

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

David Roberts - Assistant Secretary

Signature of Registered Agent