

Electronic Filing Menu

Corporate Filing Menu

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY ٠

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florido.

| Principal office address of limited liability company:<br>( <u>Note: MUST BE STREET ADDRESS</u> ) |  | Mailing address of limited liability company<br>(Note: MAY BE POST OFFICE BOX)   |
|---|--|--|
|   |  |  |
|   |  |  |
| //29/2022   | L220   | 000336055  |
| Date of filing/registration in Florida  | 4.   | Document number  |
| NITED STATES CORPORATION AGENTS, INC.   |  |  |
| gistered Agent and Registered Office shown on the records of                                      | the Florida Dep  | of State:  |
| egistered Office Address (MUST BE FLORIDA STREET)   | (DDRESS)   | 202  |
| 76 RIVERSIDE AVE.   |  |  |
| ACKSONVILLE   | 32202  |  |
| egistered Agents Inc  |  | 2024 AFR -1 FH 3: 50   |
| iter name of NEW Registered Agent and/or NEW Registered   | Office address   |  |
| 901 4th St N  |  |  |
| EW Registered Office Address  |  |  |
| TE 300  |  |  |
| t. Petersburg   | 33702  |  |
|   | Date of filing/registration in Florida VITED STATES CORPORATION AGENTS, INC. gistered Agent and Registered Office shown on the records of registered Office Address (MUST BE FLORIDA STREET / 76 RIVERSIDE AVE. ACKSONVILLE . FL gistered Agents Inc ter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered 201 4th St N EW Registered Office Address TE 300</u> | Date of filing/registration in Florida       4.         NITED STATES CORPORATION AGENTS, INC.       gistered Agent and Registered Office shown on the records of the Florida Dependence of the Florida Dependence of the Florida Dependence of the Address         Agents and Registered Office Address       (MUST BE FLORIDA STREET ADDRESS)         76 RIVERSIDE AVE.       .         ACKSONVILLE       .         Iter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> 001 4th St N         EW Registered Office Address         TE 300 |

Signature of a member or authorized representative of a member Printed or typed name of signee-

Thereby 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. Thereby confirm that the limited liability company has been natived in writing of this change.

Signature of Registered Agent

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