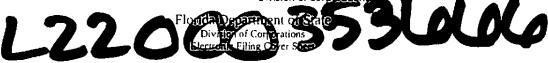
Ta: 18506176383 Page: 1/2

Division of Corporation

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To:

Division of Corporations

Fax Number : (854)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 : (307)200-2803 Phone : (813)436-5206 Fax Number

> \*\*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 ECLYPSO LLC

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APR 29 2024 K. Brumbley

## 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.

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)
2	08/11/22		
3.	Date of filing/registration in Florida	4,	Document number
5. (a)		***************************************	
	Registered Agent and Registered Office shown on the records of	the Florida Dept. of	State:
	476 RIVERSIDE AVE.		
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	
		·	20
	JACKSONVILLE FE	32202	24 /
(b)	Northwest Registered Agent LLC		2024 FFR 26
	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:	
	7901 4th St N		 က ည
	NEW Registered Office Address:		27
	STE 300	<u></u>	<del></del>
	St. Petersburg , FI	33702	
the cha agent v was/w	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the registered of iability company, of the limited liab	ffice and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in
	ture of a member or authorized representative of a member	Nat Smith	
			Printed or typed name of signee

Signature of Registered Agent

Assistant Secretary

Taylor Newman