## Florida Department of State Division of Corporations

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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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Email Address:\_\_\_\_

## LLC REGISTERED AGENT CHANGE **C.G GAME LLC**

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SEP 20 2022

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## 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

2. (a)	me of the limited liability company:  C.G GAV  Principal office address of limited liability company:		)	failing address of limi	im Uiahili		
	(Note: MUST BE STREET ADDRESS)		,,	(Note: MAY BE PC			
		_					
	09/12/22		L2200	0397537			
3.	Date of filing/registration in Florida	4.		Document numbe	r		
5. (a)	UNITED STATES CORPORATION AC	SENT	S, INC.				
<i>5.</i> (a)	Registered Agent and Registered Office shown on the records of t	he Florid	n Dept. of State	:			
	5575 S. SEMORAN BLVD.						
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u>S)</u>				
	SUITE 36						
	ORLANDOFL	3282	2		<del>_</del>	2(	
(b)	Northwest Registered Agent L	.LC				022 SEP	2
(17)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ldress:	•	1945	919	
	7901 4th St N				新星	9 PM 12:	LED NOVE
	NEW Registered Office Address:				⊕ <u>;</u>	$\ddot{\omega}$	C
	STE 300			-	<u> </u>	9	
	St. Petersburg FL	3370	2				
the cha agent v was/we	imited liability company is not organized under the lavinge 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 regability of the lin	istered office ompany, it is nited liability	c and the business s hereby confirme y company or as o	office o d that th	t the r e char	egistered ige(s)
	organ Totle		organ No				

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

I hereby 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, I hereby confirm that the limited liability company has been ified in writing of this change.

Tom Glover - Assistant Secretary

Signature of Registered Agent

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