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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Fax Number : (561)694-8107

## LLC REGISTERED AGENT CHANGE **OFFPRINT MINT LLC**

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M. SOLOMON

OCT - 9 2024

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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 Florida.

1. Na	ame of the limited liability company: Offprint Mint LE	С			•		
2. (a)	561 Clermont Ave S		(b)	561 Clermont Ave S	i		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	Mailing address of (Note: MAY BE				
	Orange Park, F1. 32073	<del></del>		Orange Park, FL 32073	<u> </u>		
	09/12/2022		l.	22000398594			
3.	Date of filing/registration in Florida	4.	_	Document nun	ber		
5. (a)	LEGALINC CORPORATE SERVICES INC.						
. (u)	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)					2024 (	
(0)	Jacksonville FL	32202	32202			2024 OCT -	rranco G-main
	Corporate Creations Network Inc.				35-4 66-5 67-5 77-1	8 PH	M
	Enter name of NEW Registered Agent and/or NEW Registered Office address:				m <sub>C</sub> ,	င္မာ	U
	S01 US Highway 1					<del>ა</del>	
	NEW Registered Office Address:						
	North Palm Beach, FL	33408					
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- cre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registe ability of the li limited	red corr mit Hia	office and the business of pany, it is hereby confired liability company or a bility company.	office of the that the state of	ne regis ne char	stered ige(s)
Simo	Kristen Espinales ture of a member or authorized representative of a member	Kı	riste	n Espinales, Attorney-in-Fa Printed or typed (		1	
_	·	ante de	er in	•	1		with the
provisi the obl to mere	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provided ely reflect a change in the registered office address, I l I in writing of this change.	perfori d för in hereby	nan Ch con	rans capacity. I further we of my duties, and I am apter 605, F.S. Or, if thi firm that the limited liabi	agree are i familiar isldocume ility comp	with ar nt is be any ha.	wan inv id accept ing filed s been
	Kristen Espinales Kristen Espinales, Special Secretary				-		

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

Signature of Registered Agent