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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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T. LEMIEUX

JUN 13 2023

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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. 2	Same of the limited liability company:		
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)
	7901 4th St N STE 300	79	901 4th St N STE 300
	St. Petersburg FL 33702	Si	t. Petersburg FL 33702
	09/30/2022	L22	2000423296
3.	Date of filing/registration in Florida	4.	Document number
5. (a	, ECHEAGARAY SILVERIO, MARIA A		
٥. (د	Registered Agent and Registered Office shown on the records of	the Florida De	ept. of State:
	1435 BRICKELL AVE		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	<del></del>
	3409		<b>4</b> -
	MIAMI , FI	33131	2823 - F.14
(b	Northwest Registered Agent LLC		
,,,	Enter name of NEW Registered Agent and/or NEW Registered	d Office addre	<u>ss</u> :
	7901 4th St N		PA 3:
	NEW Registered Office Address:		<u> </u>
	STE 300		<del></del>
	St. Petersburg, FI	33702	
the ci agent was/v the ar Sign I her provi the or to me	limited liability company is not organized under the la nange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ricles of organization or the operating agreement of the liability of a member or authorized representative of a member reby accept the appointment as registered agent and ages sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address. I gd in writing of this change.  Taylor Newman - Assistant S	f the register iability comp of the limited limited liab  Nat Smi  ree to act in e performance ed for in Cha hereby confi	red office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in bility company.  The Printed or typed name of signee  This canacity. I further agree to comply with the

Signature of Registered Agent