## Florida Department of State

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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 : (813)436-5206

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:



## LLC REGISTERED AGENT CHANGE NO PROBLEM TOO SMALL LLC

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OCT 27 2023

## 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:  No Problem too s	smali LLC				·····
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)			
	10/26/22	L22	2000461709			
3.	Date of filing/registration in Florida	4.	Doc	ument number		
5. (a)	UNITED STATES CORPORATION AGENTS, INC.					
2. (11)	Registered Agent and Registered Office shown on the records of	the Florida De	pt, of State.			
	476 RIVERSIDE AVE.					
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)				
	JACKSONVILLE , FI	32202		生.	2023	
(b)	Registered Agents Inc			i <del>,</del> î. î	2023 OCT 26 PH 12: 40	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addres	<u>s</u> :	•	σ	
	7901 4th St N			 :	PH 12	
	NEW Registered Office Address:				: <u>=</u>	
	STE 300	<del> </del>	· · · · · · · · · · · · · · · · · · ·		U	
	St. Petersburg . FI	33702				
the cha agent v was/we the arti	imited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited libra authorized by an affirmative vote of the members coles of organization or the operating agreement of the	the register ability comp of the limited limited liab	ed office and any, it is here I liability con ility company	the business office by confirmed that ipany or as otherw	e of the the cha	registered inge(s)
	ure of a member or authorized representative of a member	Robin Jo		· · · · · · · · · · · · · · · · · · ·		
I herel provisi the obli to mere notified	by accept the appointment as registered agent and agreen on some and agreen the appointment as registered agent and agreen on sof all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address. It is writing of this change.  Description of this change.	performane d for in Cha hereby confi	this capacity. e of my duties	s, and l am familia	- ) comply vr with a	ind accept.
	re of Registered Agent					