## Florida Department of State

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 : (561)694-8107 Phone Fax Number : (561)214-8442

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

Address:\_

## LLC REGISTERED AGENT CHANGE AMAZING A ONLINE LLC

Certificate of Status	0
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K. Brumbley

## 

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)	ame of the limited liability company: Amazing A Online 2100 new victor rd	(b) _	
z. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Ocoee,Florida (US)34761		
	11/1/2022 12:00:00 AM	1.2	2000469165
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	LEGALINC CORPORATE SERVICES INC.		
. (4)	Registered Agent and Registered Office shown on the records of t 476 Riverside Ave.	the Florida De	ept. of State:
	Registered Office Address (MUST BE FLORIDA STREET)	(DDRESS)	
	Jacksonville, FL	32202	2023
41.5	Corporate Creations Network Inc.		2023 DEC
(b) .	Enter name of NEW Registered Agent and/or NEW Registered Office address:		
	S01 US Highway I		PH S
	NEW Registered Office Address:		2: 38
	North Palm Beach FL	33408	
hange gent v vas/we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registered of bility comp f the limite	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
		Danielle	e W. Gossman, Special Manager
-	ure of a member or authorized representative of a member		Printed or typed name of signee
l herei rovisi he obl	by accept the appointment as registered agent and agrooms of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have the property of this thange.	ze to act in performanc I for in Cha pereby confi	this capacity. I further agree to comply with the re of my duties, and I am familiar with and accept opter 605, F.S. Or, if this document is being filed from that the limited liability company has been
o merc	in a second and a second secon		