Florida Department of State

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Division of Corporations

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

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

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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	nme of the limited liability company:	IlC.	
2. (a)	1000 south semoran blvd	(b)	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Orlando Florida (US)32792	\-/ <u>-</u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		_ _	
	11/14/2022 12:00:00 AM	1.22	2000485285
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	LEGALING CORPORATE SERVICES INC.		
J. (a)	Registered Agent and Registered Office shown on the records of	f the Florida De	pt. of State:
	476 Riverside Ave.		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
	Jacksonville	, 32202	
	Jacksonvine Fi	L	
(b)	Corporate Creations Network Inc.		2023 DEC
	Enter name of NEW Registered Agent and/or NEW Registered	d Office addre	
	801 US Highway 1		-8 PA PA PA
	NEW Registered Office Address:		
	North Palm Beach Fl	L	
change agent v was/we	imited liability company is not organized under the late or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registered of ability comp of the limited climited liab	office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
l here provisi the obl to mere notified	by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, l d'in writing of this change.	ree to act in a performance of for in Cha hereby confi	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept pter 605, F.S. Or, if this document is being filed rm that the limited liability company has been
	Daniel	lle Gossmar	n, Special Secretary
Signatu	re of Registered Agent		