## Florida Department of State. Division of Corporations Electronic Filing Cover sheet

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## LLC REGISTERED AGENT CHANGE SUNCOAST MOLD SERVICES LLC

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Help

SEC 1 4 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	ime of the limited liability company: Suncoast Mold Sei	rvices LI	.C	<del></del>			
2.	(a)	2545 NE Coachman Rd. #146	æ	o)				
	(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(*	N	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
		Clearwater,Florida (US)33765	_					
		11/14/2022 12:00:00 AM	<del></del>	1.2200048768	80			
3.		Date of filing/registration in Florida	4.		Document number	•		·
5.	(a)	LEGALINC CORPORATE SERVICES INC.						
	(/	Registered Agent and Registered Office shown on the records of 476 Riverside Ave.	the Florida	n Dept. of State	:			
		Registered Office Address (MUST BE FLORIDA STREET A	(DDRES!	2)				
		Jacksonville, FL	32202				21	
	(b)	Corporate Creations Network Inc.				•	2023 DE	'i
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :					<u>.</u>	
		801 US Highway I				-	SA PH	- 阿針2 - 12 mm
		NEW Registered Office Address:					1:10	-
			33408				0	
ch ag wa	ange ent v is/wo	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 lia- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registere bility con fithe limited l	ed office and ompany, it is nited liability liability com	the business offic hereby confirmed company or as off	e of the that the herwise	regis chan	tered ge(s)
_:	Signa	ture of a member or anthorized representative of a member			Printed or typed name		c	
pro the to no	herei ovisi obl mere tified	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect of this change in the registered office address. I have the property of this change.	perform I for in C pereby co	ance of my d Chapter 605, onfirm that th	uties, and I am fan F.S. Or, if this do he limited liability	ee to co niliar w cument compa	mply with an t is be- ny has	with the ad accept ing filed been
Si	gnatu	re of Registered Agent	ssman,	Special Sec	retary			