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(((H24000389652 3)))



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To:

Division of Corporations

To: 18506176383

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.\*\*

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## LLC REGISTERED AGENT CHANGE BACK IN BALANCE EQUINE, LLC

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T. LEMIEUX

NOV-2-6-2024

## 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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

?. (a) _	Principal office address of limited liability company:	(b)				
_	Principal office address of limited fiability company:					
	(Note: MUST BE STREET ADDRESS)			Mailing address of (Note: MAY E	of fimited liab	pility company:
	5036 Dr Phillips Blvd #1090		PO Box 32	216		
	Orlando FL 32819		Winderme	re FL 34786		
	12/09/22	Lã	220005183	349		
i	Date of filing/registration in Florida	4.		Document nu	ımber	
	AUST LAW FIRM					
	Registered Agent and Registered Office shown on the records of	the Florida D	Dept. of Stat	ie:		
	1220 EAST LIVINGSTON STREET					~
	Registered Office Address <u>(MUST BE FLORIDA STREET</u>	ADDRESS)		_		AON 4202
						<u> </u>
	ORLANDO	32803		_		25
				-	:	
(b) _	Northwest Registered Agent LLC			_		PH 12: 5!
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office addr	<u>ess</u> :			55
	7901 4th St N				• •	
	NEW Registered Office Address:			_		
	STE 300			_		
	St. Petersburg , FI	33702				
he char igent w vas/wei he artic	mited liability company is not organized under the lange or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited line authorized by an affirmative vote of the members of less of organization or the operating agreement of the	f the registe ability com of the limit	ered offic npany, it i ed liabilit ibility cor	e and the busing is hereby confi ty company or	ness office rmed that	of the registered the change(s)
Signato	ne of a member or authorized representative of a member			Printed or typeo	d name of sig	nce
provisio he oblig o merci	y accept the appointment as registered agent and agens of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address. I in writing of this change.  Taylor Newman - Assistant S	performan ed för in Ch hereby con	n this cap ice of my iapter 60 firm that	acity. I furthe duties, and I a 5, F.S. Or, if to the limited lia	r agree to nn familiar his docume bility com	comply with the with and accep ent is being filed pany has been