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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC. Account Number : 120010000062

Phone : (323)962-8600 Fax Number : (323)389-0502

| **Enter | the | email | address | for | this | busin | ess | entity | to | be | used | for | Future |
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| ar | nual | repor | t mailin | gs. | Enter | only | one | email | add | res | s ple | ase. | •• |

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LLC REGISTERED AGENT CHANGE PUMPKIN HILL PUBLICATIONS LLC

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Help T. LEWICUX JAN 26 2,23

COVERTETTER

| TO: Registration Section Division of Corporations | | | | |
|--|----------------|---|--|--|
| SUBJECT: PUMPKIN HILL PUBLICAT | | | | |
| Nan | ne of Limited | Huability Company | | |
| Dear Sir or Madam; | | | | |
| The enclosed Registered Agent/Registered Off | fice Change a | ind fee(s) are submitted for filing. | | |
| Please return all correspondence concerning th | is matter to t | he following: | | |
| Cheyenne Moseley | | | | |
| Name of Person | ··· | | | |
| Legalzoom.com, Inc. | | | | |
| Firm Company | | | | |
| 101 N. Brand Blvd., 11th Floor | | | | |
| Address | | | | |
| Glendale, CA 91203 | | | | |
| City/State and Zip Code | | | | |
| PumpkinHillBooks@gmail.com | | | | |
| E-mail address, (to be used for future and | iual report no | otification) | | |
| For further information concerning this matter, | please call: | | | |
| Cheyenne Moseley | at (| 773-0888 ext 9724 | | |
| Name of Person | | Area Code & Daytime Telephone Number | | |
| STREET/COURTER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | | MAHLING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | |
| Enclosed is a check for the following | amount: | | | |
| S25 Filing Fee | LZI | \$55 Filing Fee & Certified Copy | | |
| INHS18 (2/14) | | | | |

To:

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, Floridu 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.

| ł. | Na | une of the limited liability company: PUMPKIN HI | LL PL | BLICATIO | ONS LLC | | | |
|---------------------------|-------------------------------|---|---|--|--|--|--|--|
| | (a) | 5089 CREEK CROSSING DR | (b) 5089 CREEK CROSSING DR | | | | | |
| ~ (*) | | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | Mailing address of linuted liability company: (Note: MAY BE POST OFFICE BOX) | | | | | |
| | | JACKSONVILLE, FL 32226 | JACKSONVILLE, FL 32226 | | | | | |
| | | 12/27/2022 | _ | L220005 | 36588 | | | |
| 3. | | Date of filing/registration in Florida | 4. | | Document number | | | |
| 5. | (a) | Jennifer Nagy | | | | | | |
| `` | , , | Registered Agent and Registered Office shown on the records of a 5089 CREEK CROSSING DR | | | | | | |
| | | Registered Office Address (MUST BE FLORIDA STREET A | • | | | | | |
| | | JACKSONVILLE | | | - 12 | 2023 | | |
| | | JACKSONVILLE , FL | JZZZ(| , | - | (2) (2) (2) | | |
| | (b) | UNITED STATES CORPORATION AGENTS | | 2 | | | | |
| (0) | | Enter name of NEW Registered Agent and/or NEW Registered | • | 5 11 | | | | |
| | • | 476 Riverside Ave. | . 6. | | | | | |
| | | NEW Registered Office Address: | | | 5. | 57 | | |
| | | Jacksonville , FL | | | | | | |
| the age was | cha: nt w s/we | mited liability company is not organized under the law age or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited his are authorized by an affirmative vote of the members of cless of organization or the operating agreement of the l | the regi bility c f the lin | istered office ompany, it is nited liability | e and the business office s hereby confirmed that y company or as otherw | of the registered the change(s) | | |
| | 4 | ender Hart | Je | nnifer Nag | - | | | |
| I h pro the top: | ereb visio obli nere | any of a member or authorized representative of a nember on accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete the actions of my position as registered agent as provided by reflect a manage in the registered office address, I have a manage to this shance. | perforn Llor in | iance of my i Chapter 605 | duties, ånd I am familiai . F.S. Or if this docum | comply with the with and accept ent is being filed | | |
| | | CHEYENNE MUSELEY, ASSISTANT SECRETARY STATES CORPORATION AGENTS, INC. OF Registered Agent | ', UNITE |) | | , | | |