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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

: (813)436-5206 Fax Number

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Email Address:__

LLC REGISTERED AGENT CHANGE YELLOW SWAMP HOLDINGS LLC

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M. SOLOMON

AUG 4 2 2024

Electronic Filing Menu — Corporate Filing Menu

Help

Page: 2/2

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	nne of the limited liability company:	YELLOW SWAM	P HOLDINGS LL	C			
2.	(a)			(b)				
	` '	Principal office address of limited by (<u>Note: MUST BE STREET &</u>	ability company:		Mailing address of limited (Note: MAY BE POST	liability con	рацу:	
		01/06/2023	- 	L2300	0006442			
3.		Date of filing/registration in	ı Florida	4.	Document number	· - ·		
=	(2)	REGISTERED AGENT SOLUTIONS, IN	NC.					
э.	(a)	Registered Agent and Registered Ortice sho	n State:					
		2894 REMINGTON GREEN LN., STE, A				345 23	202	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				2024 AUG 2		
		TALLAHASSEE		32308		ARY OF S	22 P	П
	(b)	Northwest Registered Agent LLC				F STATE FLORID	PH 1:	C
	` '	Enter name of NEW Registered Agent and	or <u>NEW Registere</u>	d Office address:		호표	9	
		7901 4th St N						
		NEW Registered Office Address:						
		STE 300			• • •			
		St. Petersburg	, Fi	33702				
the age wa	echa ent v is/wi	imited liability company is not organinge or changes are made, the Florida will be identical. Or, in the case of a creathorized by an affirmative vote cles of organization or the operating	street address o Florida limited l of the members	f the registered lability compan of the limited li	office and the business offi y, it is hereby confirmed th ability company or as other	ice of the r lat the char	registe nge(s)	red
	,	ine of a member of addhorized representative		Nat Smith				
	ilgha	tire of a member of adthorized representative	of a member		Printed or typed name of	signee		
pro the	ovisi Lobl meri	by accept the appointment as register ons of all statutes relative to the pro- igations of my position as registered ity reflect a change in the registered if in writing of this change.	red agent and ag per and complete agent as provide office address, I	ree to act in thi. performance o ed for in Chapte hereby confirm	s capacity. I further agree of my duties, and I am famil or 605, F.S. Or, if this docu of that the limited liability co	to comply liar with a iment is be ompany ha	with t nd acc ting fil is been	the rept led
Sig	gystu	Taylor Newma	n - Assistant S	Secretary				