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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number: I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

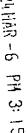
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LLC REGISTERED AGENT CHANGE ECOMMERCE MASTER LLC

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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. N	lame of the limited liability company: ECOMMERCE M	ASTER LLC	
2. (a)	Principal office address of limited liability company:	(b)	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)	····	(Note: MAY BE POST OFFICE BOX)
	01/12/2023		00026895
3.	Date of filing/registration in Florida	4.	Document number
5. (a	NAGORE, MATIAS		
J. (0	Registered Agent and Registered Office shown on the records of 1065 SW 8TH STREET	the Florida Dept.	or State:
	Registered Office Address <u>(MUST BE FLORIDA STREET /</u>	<u>ADDRESS)</u>	
	1807 MIAMI . FL		2024 MAR
(þ)	Northwest Registered Agent LLC		
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	P
	7901 4th St N		. <u>ــ</u> . پ
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg, F1.	33702	
the ch agent was/w	limited liability company is not organized under the lavange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liarce authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registered ability compar of the limited I	l office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
/	Attric of a member of authorized representative of a member	Nat Smith	
I here provis the ob to mer notifie	eby accept the appointment as registered agent and agrifours of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.	performance of for in Chapt defor in Chapt hereby confirm	Printed or typed name of signee is capacity. I further agree to comply with the of my duties, and I am familiar with and accept or 605, F.S. Or, if this document is being filed in that the limited liability company has been
•		ecretary	