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(Re	questor's Name)				
(Ad	dress)				
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(Cit	y/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Bu:	siness Entity Nan	ne)			
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COVER LETTER

	egistration Section ivision of Corporations					
SUBJEC	Sweat Fox, LLC					
	Name of Limited Liability Company					
Dear Sir o	or Madam:					
The enclo	sed Registered Agent/Registered (Office Change	anc	I fee(s) are submitted for filing.		
Please ret	urn all correspondence concerning	this matter to	the	following:		
Kylie Con	rad & Kayla King					
	Name of Person					
Corp1, Inc	·.					
-	Firm/Company					
7700 E Ar	apahoe Rd Ste 220					
	Address					
Centennial	1, CO 80112					
	City/State and Zip Cod	e				
E-m	ail address: (to be used for future	annual report	noti	fication)		
For furthe	r information concerning this mat	ter, please cal	1:			
Kylie Con	rad	72 at (823-9273		
	Name of Person			Area Code & Daytime Telephone Number		
R D P	lailing Address: egistration Section division of Corporations O. Box 6327 allahassee, FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
E	nclosed is a check for the follow	ing amount:				
=	\$25 Filing Fee			S55 Filing Fee & Certified Copy		
INHS18 (2	7(14)					

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	ame of the limited liability company: Sweat Fox, LLC							
2. (a)	113 VALENCIA BLVD		(b)	H3 VALI	ENCIA BLVD			
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		Mailing address of (Note: MAY B		-	-
	JUPITER, FL 33458		- ,	JUPITER.	.FL 33458		_	
	01/24/2023		i.	.23000053	814			
3. 5. (a)	Date of filing/registration in Florida CORPORATION SERVICE COMPANY	4.			Document nu	mber		
J. (u)	Registered Agent and Registered Office shown on the records of 1201 HAYS STREET	the Flo	rida D	ept, of Stat	e:			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRI	ESS)		_			
	TALLAHASSEE, FI	32301	1-252	5				
(b)	Registered Agents Inc							
(-,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office	addr	ess:	_	TAL TAL	2024	
	7901 4th St N				_	CELL	2024 APR -4	'n
	NEW Registered Office Address:					.SS	+	ij
	Ste 300						<u>₽</u>	TT
	St. Petersburg, Fl	L33702	2		_	AINY DE STATE SSEELFI COMP	AM 9:47	J
change agent v was/w	imited liability company is not organized under the la c or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members- icles of organization or the operating agreement of the	e regist ability of the l	ered com limit	office an pany, it is ed liabilit	d the business s hereby confi y company or	eby confirme office of the rmed that the	registe change	red c(s)
	ron Foldes	S	Sharoi	n Foldes				
_	nure of a member or authorized representative of a member				Printed or typec	_		
provisi the obi to mer	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I d'in writing of this change.	ree to e perfoi ed for i hereby	act ir rman n Ch r con	this capa ce of my a apter 605 firm that	acity, I furthes duties, and I a 5, F.S. Or, if th the limited lia	r agree to co in familiar w his document bility compai	mply w ith and is bein iv has f	ith the accept g filed seen
•	AVID ROBERTS							
Signati	ire of Registered Agent							