Division of Corporations

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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

Fax Number : (813)436-5206

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Email Addres	s:

LLC REGISTERED AGENT CHANGE **420 MUNCHIES LLC**

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Electronic Filing Menu

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Help

1/29/2024 0845/Q7 PS To. 18506176383 Page: 2/2 From: Registered Agents Inc Fax: 8134365206

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.

L N	ame of the limited liability company: 420 MUNCE	HIES LLC	
2. (a)		(b)	
	Principal office address of limited fiability compan (Note: MUST BE STREET ADDRESS)	ıy:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	01/25/23	L23000	
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	UNITED STATES CORPORATION AGENTS, INC.		
	Registered Agent and Registered Office shown on the reco	ords of the Florida Dept. o	f'State.
	Registered Office Address (MUST BE FLORIDA STR	REET ADDRESS)	
	476 RIVERSIDE AVE.		
	JACKSONVILLE	FL_32202	
(b)	Registered Agents Inc		2024 JAN 29 SELALLAHA
(Enter name of NEW Registered Agent and/or NEW Regi	istered Office address:	2 2
	7901 4th St N	JAN 29 AM 11: 28 ALLAHASSEE, FL	
	NEW Registered Office Address:	- m _e = 0	
	STE 300		
	St. Petersburg	FL	
the cha agent v was/wathe art	imited liability company is not organized under to ange or changes are made, the Florida street addressells be identical. Or, in the case of a Florida limitere authorized by an affirmative vote of the membicles of organization or the operating agreement of	ess of the registered o ited liability company bers of the limited lia	office and the business office of the registered this hereby confirmed that the change(s) bility company or as otherwise provided in
Rich	to the first of authorized representative of a member	Robin Jones	
			Printed or typed name of signee
provisi the obi to mer notifie	by accept the appointment as registered agent an ions of all statutes relative to the proper and com ligations of my position as registered agent as pr ely reflect a change in the registered office addre d in writing of this change.	nd agree to act in this uplete performance of ovided för in Chapter ess, I hereby confirm	capacity. I further agree to comply with the "my duties, and I am familiar with and accept · 605, F.S. Or, if this document is being filed that the limited liability company has been
- •		tant Secretary	
Signatu	ire of Registered Agent		