Florida Department of State L230

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

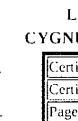
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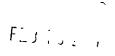
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE CYGNUS PRO LIMITED LIABILITY COMPANY

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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.	Na	me of the limited liability company.	ed Liability Cor	mpany					
2. ι	a)		(b)						
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company; (Note: MAY BE POST OFFICE BOX)					
		01/30/2023		000053750					
3.		Date of filing/registration in Florida		Document number					
J.		• •	٦.	Document number					
5.	(a)	PEREZ, DYLAN J							
		Registered Agent and Registered Office shown on the records of the Florida Dept, of State							
		7080 SW 162 PATH							
		Registered Office Address (MUST BE FLORIDA STREET):	(DDRESS)						
		MIAMI		2024 FEB 1 SEGNALAH					
(b)		Northwest Registered Agent LLC	>						
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address	SSE					
		7901 4th St N	The total section of the section of						
		NEW Registered Office Address:							
		STE 300							
		St. Petersburg, FL							
the cager was/ the a	ha it w we irtic	mited liability company is not organized under the law age or changes are made, the Florida street address of all be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of these of organization or the operating agreement of the	es of the Stat the registere ability compa of the limited	te of Florida, it is hereby confirmed that after ed office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in					
		tre of a member or authorized representative of a member	Nat Smith						
				Printed or typed name of signee					
prov the c to m notif	usia obli cre liga	y accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address. I h "in writing of this change.	ce to act in to performance I for in Chap perchy confir	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept over 605, F.S. Or, if this document is being filed rm that the limited liability company has been					
۱/ ۳		Laylor Newman - Assistant Se	cretary						

Signature of Registered Agent