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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

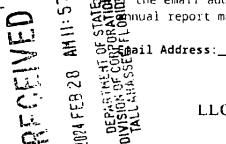
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Phone

: (307)200-2803

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

LLC	REGISTERED AGENT CHANGE
	TOOMUCH RRAND LLC

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2/28/2024 08:30⁻57 PST -> To 18506176383 Page: 2/2 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 liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

(a)	ane of the limited liability company:	(b)				
(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address	Mailing address of limited liability company: <u>(Note: MAY BE POST OFFICE BOX)</u>		
	02/17/23		23000087682			
	Date of filing/registration in Florida	4.	Document r	number		
(a)	UNITED STATES CORPORATION AGENTS, INC.					
• • • •	Registered Agent and Registered Office shown on the records o	t the Florida D	tept, of State			
	476 RIVERSIDE AVE.					
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		2024 FAL		
	JACKSONVILLE F	l_32202		2024 FEB 28 PM 3: 53		
(b)	Registered Agents Inc			28 P	LU I	
	Enter name of NEW Registered Agent and/or NEW Registere	d Office addr	<u>ess</u> :	PH 3: 1		
	7901 4th St N			3: 53 (2) (2) (3) (3) (4) (4) (5) (4) (4) (5) (4) (4) (5) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4		
	NEW Registered Office Address:					
	STE 300					
	St. Petersburg	33702 1	 -			
e cha ent v as/we	imited liability company is not organized under the la inge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited la ire authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the registe liability come of the limit	rred office and the bus apany, it is hereby con ed liability company c	siness office of the re afirmed that the chan	egistered ge(s)	
	.,	Robin	•			
Signal	ure of a member or authorized representative of a member		Printed or typ	red name of signee		

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

David Roberts Assistant Secretary
Signature of Registered Agent