## 8/26/24, 11:45 AM Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I2009000081 : (307)200-2803 Fax Number : (813)436-5206

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## LLC REGISTERED AGENT CHANGE PURPLE SWAMP HOLDINGS LLC

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K. SALY

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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. 2	Same of the limited liability company: PURPLE SWA	AMP HOLDINGS	LLC			
2. (a	Principal office address of limited liability company,  (Note: MUST BE STREET ADDRESS)	(b)	Marling addres	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	03/02/23					
3.	Date of filing/registration in Florida	- <b>-</b>	Document	 . number		
_	DECICTEDED ACENT COLUTIONS INC					
5. (a	Registered Agent and Registered Office shown on the records	of the Florida Der	or of State			
	2894 REMINGTON GREEN LANE	, , , , , , , , , , , , , , , , , , , ,	,			
	Registered Office Address - (MUST BE FLORIDA STREE	ET ADDRESS)				
	SUITE A			12. CEL	ි ස ජ	
		<del> </del>	··	デート <del>は</del> デート <del>ま</del>		
	TALLAHASSEE	FL 32308			5 -	
(h)	Northwest Registered Agent LLC  Enter name of NEW Registered Agent and/or NEW Registered Office address:			<u> </u>	1.26 M 3:	
	7901 4in St N			้อลิเบิ	3: Oà	
	NEW Registered Office Address:					
	STE 300					
	St. Petersburg					
the ch agent was/v	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of t	of the registere Hiability compars of the limited	ed office and the bu any, it is hereby co Hiability company	asiness office of th infirmed that the c	he registered hange(s)	
	aure of a member of authorized representative of a member	Nat S	Smith			
Sign	aure of a member or authorized representative of a member		Printed or ty	sped name of signee		
provi: the ob to me notific	eby accept the appointment as registered agent and a sions of all statules relative to the proper and comple digations of my position as registered agent as provi rely reflect a change in the registered office address, ad in writing of this change.	agree to act in t ete performance ided for in Chaj . I hereby confi	his capacity. I furt of my duties, and oter 605, F.S. Or, i rm that the limited	ther agree to com Lam familiar with if this document is liability company	ply with the h and accept s being filed has been	
	Taylor Newman - Assistan	t Secretary				
Signat	ure of Registered Agent					