Fax: 8134365206



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	To:				
		Division of Corporations			
		Fax Number : (850)617-6383			
	From:				
		Account Name : REGISTERED AGENTS INC.			
		Account Number : I20090000081			
	<u>\$</u> _1	Phone : (307)200-2803			
<u>-</u>	<u> </u>	Fax Number : (813)436-5206			
<u>::</u>	ATA OR				
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٦,	Epper the e	mail address for this business entity to be used for future			
σ	**Coopulual Li	report mailings. Enter only one email address please.**			
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28	LLC REGISTERED AGENT CHANGE				
	2024 FEB 29 PM 1: 44	29 PM I: 44			

## LLC REGISTERED AGENT CHANGE Y NOT US LLC

Certificate of Status	0
Certified Copy	0
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M. SOLOMON

MAR 1 2024

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2/29/2024 06:34 49 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.

1.	Na	nne of the limited liability company: Y NOT US	LLC	
2.	(a)		(b)	
	<b>(</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)
3.		02/24/2023  Date of filing/registration in Florida	a.	L23000101189 Document number
5.	(a)	LEGALINC CORPORATE SERVICES INC		
<i>5.</i> (6	(0)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  476 RIVERSIDE AVE.  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
		JACKSONVILLE , IF	L_32202	29 1
(t	(b)	Registered Agents Inc  Enter name of NEW Registered Agent and/or NEW Registered  7901 4th St N  NEW Registered Office Address:  STE 300	9: 05 	
		St. Petersburg F	i. <u>33702</u>	
the age was the from the to no	e cha ent v is/we arti arti ovisi e obli mere	imited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited level authorized by an affirmative vote of the members cles of organization or the operating agreement of the companization of the operating agreement of the companization of the operating agreement of the companization of amember of authorized representative of a member of subject the appointment as registered agent and agons of all statutes relative to the proper and completely reflect a change in the registered agent as providing the registered office address. If it writing of this change.  David Roberts - Assistant Secretare of Registered Agent	aws of the State of the registered liability compan of the limited li e limited liabilit gree to act in thi e performance o ed for in Chapte I hereby confirm	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company.  Robin Jones  Printed or typed name of signee
Si	gnatu	re of Registered Agent	•	