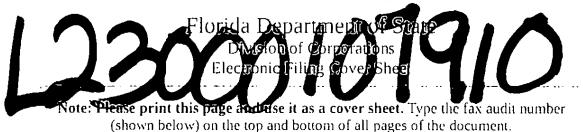
Division of Corporations



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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

[Email Address:

LLC REGISTERED AGENT CHANGE 907 HALLANDALE BEACH 0003 LLC

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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.

2. (a)		(b)		
L. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	7901 4th St N STE 300	PC	PO Box 4620	
	St. Petersburg FL 33702	Sia	ateline NV 89449	
	03/06/2023	L23	000107910	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	BARNETT, HADORAM			
(b)	Registered Agent and Registered Office shown on the records of the Florida Dept. or State:			
	5924 SHEHIDAN ST		1. or State: 2023 0 7 1	
	Registered Urtice Address (MUST BE FLORIDA STREET ADDRESS)			
	STE 1111			
	HOLLYWOOD	L_33020	PH 2: 56	
	Enter name of NEW Registered Agent and/or NEW Registered Office address: 7901 4th St N			
	NEW Registered Office Address:			
	STE 300			
	St. Petersburg , FI	J. 33702		
he cha igent v vas/w	imited liability company is not organized under the lainge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	f the registere lability compa of the limited	ed office and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company.	
Signa	ture of a member of authorized representative of a member		Nat Smith Printed or typed name of signee	
i herc	by accept the appointment as registered agent and agons of all statutes relative to the proper and complete igations of my position as registered agent as provide ty reflect a change in the registered office address, I	ree to act in t performance ed for in Chap	his capacity. I further garce to comply with the	