Division of Corporations



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To:

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

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

Email Address:



## LLC REGISTERED AGENT CHANGE **DEC FINANCIAL LLC**

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1/1

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY $\bullet$

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited Vability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

L N	ame of the limited liability company: Dec Financial lic		
2 (2)		(b)	
(0)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	03/16/23	L23000	0135163
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	WHIPPLE, DANA		
	Registered Agent and Registered Office shown on the records of		
	14471 601H S1		
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS <sub>I</sub>	
	CLEARWATER	33760	
	CLEARWATER FL	·	<del></del>
(b)	Registered Agents Inc		202
(17)	Enter name of NEW Registered Agent and or NEW Registered	Office address:	
			2024 FEB 1 6
	7901 4th St N		·
	NEW Registered Office Address:		T7 () T4
	STE 300		<i>;</i> ;
			17
	St. Petersburg	33702	-
the cha agent i was/w	limited liability company is not organized under the lay ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagree authorized by an affirmative vote of the members cicles of organization or the operating agreement of the	the registered ( ability company of the limited li	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
	Rolling Lover	Robin Jone	s
Signa	dure of a member of authorized representative of a member		Printed or typed name of signee
provis the ob- to mer	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I i d in writing of this change.	rec to act in thi, performance of d for in Chapte herchy confirm	s capacity. I further agree to comply with the of my duties, and I am familiar with and accept ir 605, F.S. Or, if this document is being filed a that the limited liability company has been
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