Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000141415 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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.

C11	A -1 -1			
EMall	Address:			

LLC REGISTERED AGENT CHANGE INTERCAMBIOS LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

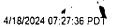
Electronic Filing Menu

Corporate Filing Menu

Help

APR 1 9 2024

Fex: 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)			(b)	
. (a)	Principal office address of limited liability (Nate: MUST BE STREET ADD	ty company:	(0	,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
			_		
	03/22/23			L23000146	
•	Date of filing/registration in Flo		4.		Document number
(a)					
	Registered Agent and Registered Office shown of 5575 S. SEMORAN BLVD.	n the records of t	he Florida	Dept. of Sta	ite:
	Registered Office Address (MUST BE FLO)	KIDA STREET A	IDDRESS	<u> </u>	_
	SUITE 36				
	ORLANDO	CI CI	32822		
		, ۱ եշ			_
(b)	Registered Agents Inc				202
	Enter name of <u>NEW Registered Agent</u> and/or N	EW Registered	Office add	<u>iress</u> ;	- A
	7901 4th St N				2024 APR 18
	NEW Registered Office Address:				-
	STE 300				포
				······································	- 2: 5
	St. Petersburg	. FL	33702		8
ie cha gent v as/wi ie arti	imited liability company is not organized ange or changes are made, the Florida str will be identical. Or, in the case of a Flor ere authorized by an affirmative vote of t icles of organization or the operating agre	eet address of rida limited lia he members o	the regis bility co f the lim	tered offic mpany, it ited liabili	ce and the business office of the registe is hereby confirmed that the change(s) ity company or as otherwise provided in
	in francis	· · · · ·	Robi	n Jones	
-	ture of a member or authorized representative of a				Printed or typed name of signee
here rovisi se obl mere otified	by accept the appointment as registered i ions of all statules relative to the proper ligations of my position as registered age ely reflect a change in the registered offi d in writing of this change.	agent and agreand complete provided complete contract as provided contract. It is address, I have address, I have address.	ee to act performe I for in (iereby co	in this cap ince of my hapter 60 onfirm thai	pacity. I further agree to comply with to duties, and I am familiar with and acc 15, F.S. Or, if this document is being filt the limited liability company has been
David	David Roberts	· Assistant Se	cretary		