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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Fax Number

Phone : (307)200-2803 : (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. **

LLC REGISTERED AGENT CHANGE SELITECH LLC

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M. SOLOMON MAR 2 5 2024

3/25/2024 06:12:51 PDT 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.

a)			_ (p)				
	Principal office address of limited liability co (Note: MUST BE STREET ADDRES.		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
			- 				
	03/23/23		L230	00148399			
	Date of filing/registration in Florid	a	4.	Document nu	mber		
a)	GALVIS VERGEL, SILVIA						
	Registered Agent and Registered Office shown on the						
	2220 NE 68 TH ST						
	Registered Office Address [MUST BE FLORIDA STREET ADDRESS]				•	20	
	# 1032					(A)	
	FORT LAUDERDALE	, FL_ ³	33308			BAR 2	
(b)	Northwest Registered Agent LLC					5 PM	
,	Enter name of NEW Registered Agent and/or NEW	Registered (Office address:			₹	
	7901 4th St N				 1!	8 :	
	NEW Registered Office Address:						
	STE 300			- 			
	St. Petersburg	FL_	3702				
:ha ne v 'w c irti	imited liability company is not organized uninge or changes are made, the Florida street a will be identical. Or, in the case of a Florida are authorized by an affirmative vote of the rules of organization or the operating agreem	der the laws address of t limited liab nembers of ent of the li	s of the State he registered pility compa the limited	d office and the busingly, it is hereby confi- liability company or	iess office of th rmed that the c	ie registe hange(s)	
	MF GRATA/ ture of a member or authorized representative of a men		Nat Smith		· · · · ·		
nal	ture of a member or authorized representative of a men	nber		Printed or typed	hame of signee		

Signature of Registered Agent

iotified in writing of this change,

Taylor Newman

- Assistant Secretary