L23000/77250

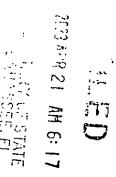
(Requestor's Name)
(,,
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Bootiment Normaer)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

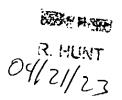
Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations

Na	ime of Limited	Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Of	ffice Change an	d fee(s) are submitted for filing.
Please return all correspondence concerning t	his matter to the	c following:
Dylan Parson		
Name of Person		
Dungeon Crawlers LLC		
Firm/Company		
4412 Janiero Street		
Address		
St. Augustine Florida 32084		
City/State and Zip Code		
dungeonerawlersart@gmail.com 		
E-mail address: (to be used for future ar	inual report noti	fication)
For further information concerning this matte	r, please call:	
Dylan Parson	770 at (5978486
Name of Person		Area Code & Daytime Telephone Numb
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the followin	ig amount:	
\$25 Filing Fee	D (\$55 Filing Fee & Certified Copy

Jest Seed Control

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.

Nai	me of the limited liability company:	I.I.C			
	4412 Janiero Street (b) 4412 Janiero			ero Street	
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	-	` /	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	St. Augustine FL, 32084	-	St. Augusti	ne FL, 32084	
	04/10/2023	-	1.230001772	50	
a)	Date of filing/registration in Florida ZENBUSINESS INC.	4.		Document number	
•	Registered Agent and Registered Office shown on the records of the 336 E. COLLEGE AVE.SUITE 301TALLAHASSEE, FL 3			- ::	
	Registered Office Address (MUST BE FLORIDA STREET AD SUITE 301 TALLAHASSEE	DDRI	<u> </u>		
	, FL. ³	2301			
. \	Dylan Parson				
·) .	Enter name of NEW Registered Agent and/or NEW Registered C	ffice	address:		
	4412 Janiero Street				
	NEW Registered Office Address:				
	St. Augustine				
	, FL ³	2084	\ 	<u>.</u>	
ge t w we rtic	mited liability company is not organized under the laws or changes are made, the Florida street address of the reill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the appreciag agreement of the liam of a member or authorized representative of a member	egist ility the l mite	ered office and company, it is limited liability d liability com	the business office of the registered thereby confirmed that the change(s) and company or as otherwise provided in pany. A Parson Printed or typed name of signee	
reb isio bli	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address. I he in writing of the change.	e to c erfor for it reby	act in this capa mance of my a n Chapter 605, confirm that t	icity. I further agree to comply with t luties, and I am familiar with and acc F.S. Or, if this document is being fil the limited liability company has been	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (2/14)