L23 Divisions 89 674

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.

(((H24000152039 3)))



H240001520393ABC-

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 : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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 CRITIQUE MOBILE DETAILING LLC

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

Corporate Filing Menu

Help

Electronic Filing Menu

APR 2 9 2024

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.

i. N	ame of the limited liability company: CRITIQUE MOI	BILE D	ETAILING LLC	C		
2. (a)	6650 CORPORATE CENTER PARKWAY		(b) 6650 CORPORATE CENTER PARKWAY			
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		N	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	_	
	APT#906		APT#906		_	
	JACKSONVILLE, FL 32216		JACKSON	IVILLE, FL 32216	_	
	04/25/2024		L230001896	376		
3.	Date of filing/registration in Florida	- 4.	1	Document number	_	
5. (a)	LEGALINC CORPORATE SERVICES INC.					
J. (a)	Registered Agent and Registered Office shown on the records of	f the Flor	rida Dept. of State	-);		
	476 RIVERSIDE AVE.					
	Registered Office Address (MUST BE FLORIDA STREET	ADDRI	<u> </u>			
	JACKSONVILLE	L_32202	!	202		
				2024 AF3		
(b)	Corporate Creations Network Inc.			2	-	
	Enter name of NEW Registered Agent and/or NEW Registered	d Office	nddress:	6	•	
	801 US Highway I			P H	•	
	NEW Registered Office Address:			3: 0\$		
	North Palm Beach , Fl	L_33408				
change agent was/w the art	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the	e regist iability of the l c limite	ered office and company, it is imited liability d liability com	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	ıe	
Sign	stralla / avaraz nure of a member or authorized representative of a member	_	Sitelia Tavarez,	Printed or typed name of signee	_	
I here provis the obto mer notifie	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I ad in writing of this change. Talla Tavarez Estrella Tavarez, Special Secretary	nertor	mance of my d	ncity. I further agree to comply with the luties, and Lam Jamiliar with and access	ot -	
Signati	ure of Registered Agony					