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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 : (855)330-1010 \*\*Enter the email address for this business entity to be used for future
\_ annual report mailings. Enter only one email address please.\*\* Email Address:  $\dot{\sim}$ 

## LLC REGISTERED AGENT CHANGE THE RIGHTEOUS ART LLC

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T. LEMIEUX

## 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, Florido 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 Florido

1.	Na	me of the limited liability company: THE RIGHTEC	OUS ART LL	.C			
2. 6	a)	··	(b)				
·		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)				
		04/19/2023	L23000194418				
3.		Date of filing/registration in Florida	4.	Document nu	mber		
5. (	(a)	LEGALING CORPORATE SERVICES INC.					
		Registered Agent and Registered Office shown on the records of the	ie Florida Dept. o	í State:			
		476 RIVERSIDE AVE.					
		Registered Office Address (MUST BE FLORIDA STREET A)	DDRESS)				
		JACKSONVILLE , FL	32202		<b>.</b>	20	
(l	b)	Northwest Registered Agent LLC			•	2023 <i>†</i>	
()		Enter name of NEW Registered Agent and/or NEW Registered C	Office address:			r)	
		7901 4th St N			÷.	25	;- :
		NEW Registered Office Address:			▼.	7	Ç.
		STE 300			Ş	2: 4	
				M	٠, ١	S	
		St. Petersburg FL.3	33702				
the c agen was/ the a	:ha it w 'we irtic	mited liability company is not organized under the law- inge or changes are made, the Florida street address of t fill 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 operating agreement of the li	he registered op pility company the limited lia	office and the busin r, it is hereby confir ibility company or a	iess office of mied that the	the reg change	istered (s)
1	<u>/</u> _	ure of a member or authorized representative of a member	Nat Smith	Printed or typed	Lagario Africa		
I he prov the o	reb isio bli ere	are at a member of authorized representative of a member by accept the appointment as registered agent and agre 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 ha in writing of this change.	e to act in this performance of for in Chapter preby confirm	capacity I further	r aaree to co	mnlv wi	ith the accept g filed seen

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

Taylor Newman - Assistant Secretary

righture of Registered Agent