Division of Corporations

Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Fax Number : (813)436-5206

##Enter: the email address for this business entity to be used for future rannual report mailings. Enter only one email address please.**

Address:	
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LLC REGISTERED AGENT CHANGE GLOBAL DELIVERY PARTNERS LLC

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY $\frac{1}{2}$

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.

1. N	ame of the limited liability company:	ERY PARTN	NERS LLC	
2. (a)		(b))	
. ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability (Note: MAY BE POST OFFIC	y company:
	1931 CORDOVA RD #1172		1931 CORDOVA RD #1172	
	FORT LAUDERDALE Florida 33316		FORT LAUDERDALE Florida 33316	
	04/26/23	Ĺ	L23000207326	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	LEGALINC CORPORATE SERVICES INC.			
(4)	Registered Agent and Registered Office shown on the records of	of the Florida I	Dept. of State:	
	476 RIVERSIDE AVE.			
	Registered Office Address [MUST BE FLORIDA STREET	(ADDRESS)		
(b)	JACKSONVILLE . F	L_32202	202)
	Registered Agents Inc		2024 (1.27	-
	Enter name of NEW Registered Agent and/or NEW Registered Office address:		lress:	· •
	7901 4th St N			
	NEW Registered Office Address:			-
	STE 300			· -
	St. Petersburg , F	33702 L		
the cha agent was/w the art	limited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members joles of organization or the operating agreement of the	aws of the S of the regist liability con of the limited lia	tered office and the business office of mpany, it is hereby confirmed that the ted liability company or as otherwise p	the registered change(s)
Signa	ature of a member of authorized representative of a member		Printed or typed name of signee	
I hero provis the ob- to mer	by accept the appointment as registered agent and actions of all statutes relative to the proper and completed ligations of my position as registered agent as provided in the registered office address, and in writing of this change.		in this capacity. I further agree to connec of my duties, and I am familiar with hapter 605, F.S. Or, if this document in that the limited liability compan	nply with the th and accept is being filed y has been
Signati	and bests David Roberts - Assistant	Secretary		