L23000 228 ISS

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





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2024 MAY 22 AM IO: 11
SECRETARY OF STATE
TALL AHASSEF, EL

COVER LETTER

TO: Registration Section Division of Corporations			
102 Creative i LLC SUBJECT:			
7	lame of Limited	Liability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered (Office Change an	d fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to th	e following:	
David Roberts		_	
Name of Person			
Registered Agents Inc		ALL	
Firm/Company		800 F	
7901 4th St N STE 300 St.		2024 HAY 22 AH 10: 11 SECRETARY OF STATE STALLAHASSEE, FI	
Address			
St. Petersburg, FL 33702			
City/State and Zip Code	<u> </u>		
admin@102ci.com			
E-mail address: (to be used for future a	annual report not	ification)	
For further information concerning this matter	er, please call:		
Leslie Parra	407 at (710-7904	
Name of Person	~~	Area Code & Daytime Telephone Number	
Mailing Address:		Street Address:	
Registration Section		Registration Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a check for the following	ing amount:		
■ \$25 Filing Fee		\$55 Filing Fee & Certified Copy	

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.

(5)	500 S Florida Ave Suite 415, Lakeland, FL 33801	(b) _	7901 4th St N, STE 300, St. Petersburg, FL 33702
!. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite 415	\$	STE 300
	Lakeland, FL 33801		t. Petersburg, FL 33702
	05/09/2023	L	23000228155
}.	Date of filing/registration in Florida	4.	Document number
5. (a)	UNITED STATES CORPORATION AGENTS, INC.		
. ()	Registered Agent and Registered Office shown on the records of 476 RIVERSIDE AVE. JACKSONVILLE, FL 32202	the Florida De	ppt. of State:
	Registered Office Address (MUST BE FLORIDA STREET	<u>ADDRESS)</u>	
	476 RIVERSIDE AVE		2021 SF
	JACKSONVILLE , FU	32202	TACRE THE
(b)	Registered Agents Inc		THE TO THE SECRETARY OF STATE SECRETARY SEE. FL
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addre	ss: See E C
	7901 4th St N STE 300 St. Petersburg, FL 33702		
	NEW Registered Office Address:		
	7901 4th St N STE 300 St.		
	Petersburg, FL, FI	33702	
change agent v was/we he arti	imited liability company is not organized under the later conchanges are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liter authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registered of the limite registered of the limite	office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in oility company. Parra
C*******	ture of a member or authorized representative of a member		Printed or typed name of signee

to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.