8/21/23, 4.44 PM

Division of Corporations

Florida Department of Stat

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC REGISTERED AGENT CHANGE THE DRAGON'S PENDULUM LLC

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Certified Copy	1
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AUG 23 2023

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: THE DRAGON'S PE	
Name of Liu	mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	inge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	er to the following:
Cheyenne Moseley	
Name of Person	
Legalzoom.com, Inc.	
Firm/Company	
101 N. Brand Blvd., 11th Floor	<u> </u>
Address	
Glendale, CA 91203	··-
City/State and Zip Code	
kelly@kellyleighsavoy.com	
E-mail address: (to be used for future annual rep	ort notification)
For further information concerning this matter, please	call:
Cheyenne Moseley	800 773-0888 ext 9724
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAHLING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations P.O. Box 6327
Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	rananassee, rumud 2231 r
Enclosed is a check for the following amou	nt:

🛂 \$55 Filing Fee & Certified Copy

INHS18 (2/14)

□ \$25 Filing Fee

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.

	me of the limited liability company:	
2. (a) ;	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS) 3558 CAPPIO DR	(<u>Note: MAY BE POST OF FICE BOX</u>)
	MELBOURNE, FL 32940	
	00400000	1,000,000,000,000,5
3.	Date of filing/registration in Florida	4. Document number
5. (a)	Registered Agent and Registered Office shown on the records of SAVORY, KELLY L Registered Office Address (MUST BE FLORIDA STREET) 3558 CAPPIO DR	
	MELBOURNE . F	. 32940
	Enter name of NEW Registered Agent and/or NEW Registers Kelly L Savoy NEW Registered Office Address: 3558 Cappio Dr	PH 12: 37
	Melbourne	
the cha agent vi was/we the arti	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited	nws of the State of Florida, it is hereby confirmed that after of the registered office and the business office of the registered iability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in
I herei provisi the obl to mere	he assess the appreciational as realistered again and a	gree to act in this capacity. I further agree to comply with the eperformance of my duties, and I am familiar with and accepted for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been
Y.	~ - " " " " " " " " " " " " " " " " " "	. Savoy