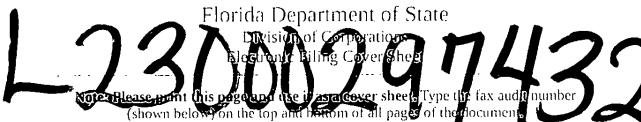
9/4/24, 11:46 AM



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To:

From:

7-023

Division of Corporations

Fax Number : (850)617-6383

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number

: (813)436-5206

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

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LLC REGISTERED AGENT CHANGE APPARREL 267, LLC

Certificate of Status	0
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M. SOLOMON

SEP - 4 2024

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9/4/2024 08:47 49 FDT · To 18506176383 Page 2/2 Fax: 8134365206

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 Standes, 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.

L Na	nine of the limited liability company. Appairel 267, Lt	LC	<u></u>	.	_		
2. (a)							
2. 147	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Marling address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	06/20/2023	L23	000297432		-		
3.	Date of filing/registration in Florida	4.	Document number				
5. (a)	***************************************						
	Registered Agent and Registered Office shown on the records of	of the Florida De	nt, of State.				
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	390 NORTH ORANGE AVE., STE 2300-N						
	ORLANDO	32801		1024 SEP -4 SECHETARY	<u>Y</u>		
(b)	Registered Agents Inc			177			
	Enter name of NEW Registered Agent and/or NEW Register	ed Office addres	<u>\$</u> .	PK L:			
	7901 4th St N			14.6 18.07			
	NEW Registered Office Address:						
	STE 300						
	St. Petersburg 1	F1					
the cha agent v was/wi the art	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 ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the register liability comp s of the limited	ed office and the business office any, it is hereby confirmed that t I liability company or as otherwi	of the registered the change(s)	.1		
Ri	day 100 100 100 100 100 100 100 100 100 10	Robin Jo					
Signa	ture of a member or authorized representative of a member	- ' 	Printed or typed name of sig	nee	•		
provisi the ob- to mer natifie	by accept the appointment as registered agent and a tions of all statutes relative to the proper and comple ligations of my position as registered agent as provid ely reflect a change in the registered office address, of in writing of this change.	ie performane ded för in Cha I hereby confi	e of my duties, and I am Jamiliar pier 605, F.S., Or, if this docume	with and accep ont is being filed	ŧ		
极为	David Roberts - Assistant	Secretary					