Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000241273 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

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 amnual report mailings. Enter only one email address please.

--Email Address:_

LLC REGISTERED AGENT CHANGE TICKETSESH LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

K. SALY

- JUL 17 2024

Electronic Filing Menu

Corporate Filing Menu

Help

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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

(a)		(b)	
	Principal office address of limited liability compan (<u>Note: MUST BE STREET ADDRESS</u>)	ıy:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	07/14/23		000334319
	Date of filing/registration in Florida	4.	Document number
(b)	ZenBusiness Inc.		
	Registered Agent and Registered Office shown on the reco	t, of State:	
	336 E. College Ave.		
	Registered Office Address (MUST BE FLORIDA STR		
	Suite 301		TALL PARTY
	Tallahassee	FL_ ³²³⁰¹	
	Registered Agents Inc		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regi</u>	istered Office address	
	7901 4th St N		ALLAHASSEE FLORIDA
	NEW Registered Office Address:		
	STE 300	HP4	
	St. Petersburg	FL	
e cha ent v is/we	mited liability company is not organized under to nge or changes are made, the Florida street addre will be identical. Or, in the case of a Florida limiter are authorized by an affirmative vote of the membales of organization or the operating agreement of	he laws of the Star ess of the registere ted liability compa bers of the limited	te of Florida, it is hereby confirmed that after ed office and the business office of the register any, it is hereby confirmed that the change(s) liability company or as otherwise provided in
	ure of a member or authorized representative of a member	Robin Jo	nes

provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed 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.

David Roberts - Assistant Secretary

Signature of Registered Agent