## 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 annual report mailings. Enter only one email address please.\*\*

## LLC REGISTERED AGENT CHANGE **GREY STARDUST MANAGEMENT LLC**

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## 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.

Na	une of the limited liability company:	I MANAGE	EMENT LLC
(a)	7901 4th St N #22379	(b)	7901 4th St N #22379
()	Principal office address of limited liability company:  ( <u>Note: MUST BE STREET ADDRESS</u> )	_ ("/	Mailing address of limited fiability company: (Note: MAY BE POST OFFICE BOX)
	St. Petersburg, FL 33702		St. Petersburg, FL 33702
	07/24/2023	_	23000348434
	Date of filing/registration in Florida	4.	Document number
. (a)	REGISTERED AGENT SOLUTIONS, INC.  Registered Agent and Registered Office shown on the records of to 2894 REMINGTON GREEN LANE.  Registered Office Address (MUST BE FLORIDA STREET A	he Plonda D	Dept. of State:
	SUITE A	-	
(b)	TALLAHASSEE , FL.	32308	
	Northwest Registered Agent LLC  Enter name of NEW Registered Agent and/or NEW Registered		PILED FILED PHIZ:
	7901 41h St N		
	NEW Registered Orfice Address;		
	STE 300		72: 53
	St. Petersburg	33702	ယ
e cha gent v as/wo e atti Signa	imited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cless of organization of the operating agreement of the case of a member of authorized representative of a member of authorized representative of a member of some of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have a change in the registered office address, I have a change in the registered office address, I have a change in the registered office address, I have a change in the registered office address.	es of the S the registe bility con I the limit limited lia Nat Sr	ered office and the business office of the registere of appension it is hereby confirmed that the change(s) and liability company or as otherwise provided in ability company.  The printed of typed name of signer.