To: 18506176383

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	To:		
		Division of Corporations	
		Fax Number : (850)617-6383	Ę
	From:		; -
		Account Name : REGISTERED AGENTS INC.	13
		Account Number : I20090000081	1)
_	ري ن ت	Phone : (307)200-2803	
جـ	n Figg	Fax Number : (813)436-5206	71,
	S AFE		-77
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7	Enter the	email address for this business entity to be used for fureport mailings. Enter only one email address please.**	iture <u>s</u>
	annual	report mailings. Enter only one email address please.**	Ð:
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## LLC REGISTERED AGENT CHANGE THIRD MONTH THIRD DAY LLC

Certificate of Status	0		
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M. SOLOMON MAY 2 2 2024

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5/22/2024 11:48:19 PDT~ 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 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.

1. N	ame of the limited liability company: Third Month Thire	Day LLC					_		
2. (a)		(b)							
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			<del></del>		
	09/13/23	 		690			_		
3.	Date of filing/registration in Florida	- <sub>4.</sub> -		Document number			-		
5. (a	、SPARKS, STEPHEN								
J. (8		Registered Agent and Registered Office shown on the records of the Florida Dept. of State:							
	7901 4TH ST N #8379		<u> </u>	202					
	Registered Office Address (MUST BE FLORIDA STREET)	-	ARY OF STA	2024 HAY 2	1 ;				
(Ե)	ST PETERSBURG . FL	_		2	[				
	Northwest Registered Agent LLC	_		M 3: 50					
	Enter name of NEW Registered Agent and/or NEW Registered								
	7901 4th St N								
	NEW Registered Office Address:	_							
	STE 300	_							
	St. Petersburg . F1	33702							
the chagent was/w	limited liability company is not organized under the language or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	f the regist lability cor of the limi	tered offic npany, it i ted liabilit	e and the business offices hereby confirmed that y company or as others	ce of the r at the chan	egistere ige(s)	ed		
	VIT SMITH ature of a member or authorized representative of a member	Nat S	mith	·			_		
				Printed or typed name of :	•				
поизи	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I d in writing of this change.	ree to act performa d for in C hereby co	in this cap nce of my hapter 60, nfirm that	acity. I further agree t duties, and I am famili 5, F.S. Or, if this docu the limited liability co	'o comply ar with ar ment is be mpany ha:	with the ad acce ing file s been	e pt d		
	Taylor Newman - Assistant S	Secretary							
Signat	ure of Registered Agent								