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## Florida Department of State Division of Corporations ctronic Filing Gover Shiret

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (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.\*\*

Email Address:\_\_\_\_\_

## LLC REGISTERED AGENT CHANGE **DUECK VENTURES 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.

1. Na	ame of the limited liability company: DUECK VENTUR	ES LLC	
2. (a)	7901 4th St N	(b) 7901 4th	n St N
2. (u)	Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	STÉ 300	STE 300	
	St. Petersburg FL 33702	St. Peter	sburg FL 33702
	09/26/23	L2300044	5864
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	DUECK, CALEB		
J. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of St	sate:
	9 OLD KINGS ROAD		
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	<del></del>
	STE. 123		
(b)	PALM COAST .FL	32137	
	Northwest Registered Agent LLC		2025 NUG 15
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	
	7901 4th St N		S PROPERTY
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg , FL	33702	
the cha agent v was/wo the art:	imited liability company is not organized under the lavange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lie authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registered offi ability company, it of the limited liabil	ice and the business office of the registered is hereby confirmed that the change(s) lity company or as otherwise provided in
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
l here provisi the obl to mer	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provide elv reflect a change in the registered office address, I do not in writing of this change.	a for in Chapter 60 hereby confirm tha	spacity. I further agree to comply with the y duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been
-/V-	Taylor Newman - Assistant Se	ecretary	