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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

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LLC REGISTERED AGENT CHANGE **GOLDEN HOUR LLC**

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5/23/2024 12:50:42 PĎT • 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 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.

2. (a)		(o)	
,	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)	- `	,	stailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	10/02/2023	-	L230004548	26
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	STEFANSKI, KYLE			
<i>D</i> . (a)	Registered Agent and Registered Office shown on the records of the	e Florid	a Dept. of State	::
	2768 55TH ST N			
	Registered Office Address (MUST BE FLORIDA STREET AL	DDRES	<u>s)</u>	
	SAINT PETERSBURG , FL 3	33710		
(b)	Northwest Registered Agent LLC			40 :
	Enter name of NEW Registered Agent and/or NEW Registered O	Office ac	ldress:	(B)
	7901 4th St N			
	NEW Registered Office Address:		•	23
	STE 300			5 (A) 1
	St. Petersburg, FL_3	33702		FILED 23 PH 4:1
the cha agent v was/we	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of divill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he reg pility c the lir	stered office ompany, it is nited liability	e and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in
\mathcal{N}	W Smith	Nat	Smith	
_	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and agre- ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ly reflect a change in the registered office address, I he d in writing of this change.	erforn for in ereby o	t in this cape nance of my e Chapter 605 confirm that i	acity. I further agree to comply with the duties, and I am familiar with and accept i, F.S. Or, if this document is being filed the limited liability company has been
Signam	Taylor Newman - Assistant Sector Registered Agent	cretary		