Florida Department of State

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 : (307)200-2803 Fax Number : (813)436-5206

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LLC REGISTERED AGENT CHANGE RED ROSE SEEDS MANAGEMENT LLC

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3/5/2024 14:43:47 PDT: To 13506176383 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.

1.	Na	me of the limited liability company:	DS MAN.	AGEMENT LL	.C
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)
		10/04/2023		L230004566	364
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	REGISTERED AGENT SOLUTIONS, INC.			
(b)		Registered Agent and Registered Office shown on the records of 2894 REMINGTON GREEN LN. STE. A Registered Office Address (MUST BE FLORIDA STREET)	-		r:
		TALLAHASSEE, FI	32308		-
	(b)	Northwest Registered Agent LLC			~
	` ′	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office a	ddre <u>ss</u> :	024
		7901 4th St N			APPRO AN FILI 2024 AUG - 6 CECTALIA
		NEW Registered Office Address:			*** - 트리고
		STE 300			
		St. Petersburg , F1	33702		
tho ag wa tho	ent v ent v is/we arti	mited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited ligge authorized by an affirmative vote of the members of the organization or the operating agreement of the	f the reg lability c of the lir	istered offic company, it i mited liabilit	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in
_		uire of amember of authorized representative of a member	Na	t Smith	Printed or typed name of signee
				a ta abin a a	• •
no	инес	by accept the appointment as registered agent and agons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address. I I'm writing of this change.			acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
		Taylor Newman - Assistant S	Secretary		