Division of Corporations

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COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJE	HitKidz Publishing LLC						
Name of Limited Liability Company							
Dear Si	r or Madam:						
The end	closed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.					
Please r	return all correspondence concerning th	is matter to the following:					
Erika	a A. Easter						
	Name of Person						
Ungei	rlaw PC/ eMinutes						
	Firm/Company						
11726	San Vicente Blvd., Suite 480						
	Address						
Los A	ngeles, CA 90049						
	City/State and Zip Code						
E-	n@eminutes.com mail address: (to be used for future and her information concerning this matter.						
Erika .	A. Easter	at (_310)820-1000					
	Name of Person	Area Code & Daytime Telephone Number					
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Enclosed is a check for the following amount:							
	□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy					
INHS18	(2/14)						

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 (0)	15301 Summerwind Drive, Tampa, Florida 33	β ε , , ,	15301 8	Summerwind	Drive, T	ampa	a, Florida
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0,	15301 Summerwind Drive, Tampa, Florida Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	10/23/2023	_	1.2	3000480165			
	Date of filing/registration in Florida	4 .		Document nur	nber		
. (a)	REGISTERED AGENTS INC.						
	Registered Agent and Registered Office shown on the records of th	ne Florida	Dept. of Stat	e: 			
(b)	Registered Office Address (MUST BE FLORIDA STREET A 7901 4TH ST N STE 300 ST PETERSBURG, FL 33702	DUKESS)		-	<u>1</u> 2 12, 4	2023 NOV 1	2 11 % 12
(0)	Enter name of NEW Registered Agent and/or NEW Registered (Office add	ress:	-		ယ	
	115 N Calhoun St Suite 4					PH 2:	() ()
	NEW Registered Office Address;			-	'	25	
	Tallahassee, FL_	323	01	-			
ne cha gent w as/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of table or changes are made, the Florida street address of the identical. Or, in the case of a Florida limited liability and the authorized by an affirmative vote of the members of cless of organization or the operating agreement of the l	the regis bility con the limi	ered office npany, it is ted liabilit	e and the busing s hereby confir y company or a	ess office a med that the	of the : he cha	registered ngc(s)
/ 		Eri	ka A. East	er. Authorized			
Signat	ure of a member or authorized representative of a member			Printed or typed	name of sigr	iee	
rovisio he obli o 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 By reflect a change in the registered office address, I h I'in writing of this change.	rertorma	nce of my .	duties, and Lan	n lamiliar	with a	nd accept

Rachel Joseph, Attorney-in-Fact

Rachel Joseph Signature of Registered Agent