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To:

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

\*\*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 PLUM FLUX DIGITAL, 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	me of the limited liability company:	LLC	····	
2.	(a)		(	b)	
		Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_		Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)
		11/08/23		L230005083	93
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	REGISTERED AGENTS INC			
		Registered Agent and Registered Office shown on the records of the			
		7901 41H ST N STE 300			_
		Registered Office Address (MUST BE FLORIDA STREET A	DDRES.	<u>s)</u>	-
					2021
		ST. PETERSBURG	33702		2024 FAR
		, F1-			$\sim$ .
	(b)	Northwest Registered Agent LLC			ا ب
		Enter name of NEW Registered Agent and/or NEW Registered	Office_ac	ldress:	
		7901 4th St N			မှ <b>ိ</b> 20
		NEW Registered Office Address			
		STE 300	···		_
		St. Petersburg . F1.	33702		-
the age wa the	cha ent v s/we arti	mited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law.	the regi bility c f the lir limited	stered office ompany, it is nited liabilit	and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
-5	ignal	ure of a member or authorized representative of a member		<del></del> -	Printed or typed name of signce
I l. pre the to not	erel ovisi obl mere tifted	ov accept the appointment as registered agent and agree 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'm writing of this change.	ee to ac perforn l for in erchy o	t in this cape ance of my Chapter 605 confirm that	acity. I further agree to comply with the duties, and I am Jamiliar with and accept i, F.S. Or, if this document is being filed the limited liability company has been
<u></u>		Taylor Newman - Assistant Se	cretary		