

LA3000534929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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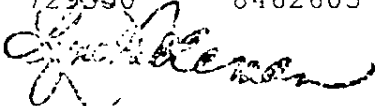
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FILED
2024 OCT 30 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2024 OCT 30 PM 3:54

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 729550 8462605
AUTHORIZATION : 
COST LIMIT : \$ 25.0

ORDER DATE : October 29, 2024
ORDER TIME : 2:08 PM
ORDER NO. : 729550-011
CUSTOMER NO: 8462605

CHANGE OF AGENT

NAME: FLASH FUND MANAGEMENT LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Shauna Godbolt -- EXT#

EXAMINER: _____

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. Name of the limited liability company: FLASH FUND MANAGEMENT LLC

2. (a) _____ Principal office address of limited liability company: (Note: <u>MUST BE STREET ADDRESS</u>) <u>7901 4th st n</u> <u>st petersburg, FL 33702</u> <u>11/30/2023</u>	(b) _____ Mailing address of limited liability company: (Note: <u>MAY BE POST OFFICE BOX</u>) <u>7901 4th st n</u> <u>st petersburg, FL 33702</u> <u>L23000534929</u>
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3. _____ Date of filing/registration in Florida 4. _____ Document number

5. (a) _____
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

REGISTERED AGENTS INC
 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
7901 4th St N STE 300
St. Petersburg, FL 33702

(b) _____
 Enter name of NEW Registered Agent and/or NEW Registered Office address:

Corporation Service Company
NEW Registered Office Address:
1201 Hays Street
Tallahassee, FL 32301

FILED
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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/Zack Eisner
 Signature of a member or authorized representative of a member

Zack Eisner
 Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Grace E. Kirby
 Signature of Registered Agent Grace E. Kirby, Asst. Vice President

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
 FILING FEE: \$25.00 729550