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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 A	\ddress:	

LLC REGISTERED AGENT CHANGE SWEET TEE CLOTHING AND COLLECTIBLES LLC

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1-10 - 3 2024

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Fax: 8134365206

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.

L N	ame of the limited liability company: SWEET TEE CLC	THING AND COLL	LECTIBLES LLC
2. (a)		(b)	
- (-,	Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS)		Mailing address of fimited liability company: (Note: MAY BE POST OFFICE BOX)
	12/08/23	L230005	44687
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	ZENBUSINESS INC.		
(,	Registered Agent and Registered Office shown on the records of		State:
	336 E. COLLEGE AVE.		_ 2
	Registered Office Address (MUST BE FLORIDA STREET)		
	SUITE 301		DEC 28 CARASS
	TALLAHASSEE	32301	EC 28 PM
(b)	Registered Agents Inc		PILEL MECKHYSSELFLÜRID.
•	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	
	7901 4th St N		.
	NEW Registered Office Address:		
	STE 300		<u>.</u>
	St. Petersburg , FI.	33702	
the cha agent was/w the art	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	I the registered of ability company, of the limited liab	Tice and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in
Signa	Robins Journal		Printed or typed name of signee
I here provis the ob- to mer	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I I in writing of this change.	performance of i d for in Chapter (hereby confirm th	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed tat the limited liability company has been