Division of Corporations



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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

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LLC REGISTERED AGENT CHANGE **GOTOSHOP LLC**

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1/2/2025 13:53/06 PST . To: 18506175383 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	nme of the limited liability company:	_C	
2. (a)	7901 4th St N STE 300 St. Petersburg, FL 33702	7901 4th St N STE 300 St. Petersburg, FL 33	
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	12/26/2023)2562
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	REGISTERED AGENT SOLUTIONS, INC.		_
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 2894 REMINGTON GREEN LN.		ite:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) STE. A		_
	TALLAHASSEE	32308	
(b)	NORTHWEST REGISTERED AGENT LLC Enter name of NEW Registered Agent and/or NEW Registered Office address:		
	7901 4TH ST N		<u> </u>
	NEW Registered Office Address STE 300		
	ST. PETERSBURG	33702	
change agent was/wo the arti-	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lighter authorized by an affirmative vote of the members of organization or the operating agreement of the last of a member or authorized representative of a member by accept the appointment as registered agent and agreement of the appointment as registered agent and agreement.	e registered office a ability company, it of the limited liabili- limited liability co Nat Smith	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in impany. Printed or typed name of signee poority. I further name to comply with the
provisi the obl to mer notified	ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address. I d'in writing of this change. Taylor Newman	performance of my d for in Chapter 60 hereby confirm thai	eaures, and ram jamitiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
Signatu	re of Registered Agent		