To: 18506176383

Page 1/2

Fax: 8134365206

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000413076 3)))



H2400041307634BC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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 ై అయ్హాంబుal report mailings. Enter only one email address please. ా ఆంధ్రాం

LLC REGISTERED AGENT CHANGE TRUSTED FILING NOTARY & TAX SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

C.D. C.16 TH 2: 56

Electronic Filing Menu

Corporate Filing Menu-

Help

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.

	nme of the limited liability company:	7901 4th St N			
2. (a) _.	Principal office address of limited (lability company: (Note: MUST BE STREET ADDRESS)	(Mailing address of limite (Note: MAY BE POS	
	STE 300		STE 300		
	St. Petersburg, FL 33702		St. Peters	burg, FL 33702	
	01/03/2024		L24000009	0329	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	INC AUTHORITY RA				
(b)	Registered Agent and Registered Office shown on the records of 390 NORTH ORANGE AVE., STE 2300-N Registered Office Address			e· -	
	ORLANDO F	32801 L		_	5 3
	REGISTERED AGENTS INC				:
	Enter name of NEW Registered Agent and/or NEW Registere	d Office a	ldress	_	· } -
					\sqrt{N}
	7901 4TH ST N			_	- • • • • • • • • • • • • • • • • • • •
	NEW Registered Office Address				ب
	STE 300			_	G) G)
	ST. PETERSBURG	33702 1. <u></u>		_	
chunge igent v was/wo he arti	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited last authorized by an affirmative vote of the members cless of organization or the operating agreement of the	e register iability co of the lir climited	ed office an ompany, it is oited liability liability con	d the business office s hereby confirmed the y company or as othe	of the registered nat the change(s)
i '. z	fure of a member or authorized representative of a member		oin Jones	Printed or typed name of	d Sience
rovisi he obl o mere totifice	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide all reflect a change in the registered office address. It in writing of this change. **Complete: **Complete: **David Roberts	ree to ac perform al for in hereby c	t in this cape ance of my e Chapter 605 onfirm that :	acity. I further agree	to comply with the