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Division of Corporations

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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 \mathcal{Q}_{\prec} annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE SNAPCHOICE, 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:	LC 				
2. (a)	7901 4TH ST N	(7901 4TH ST N			
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	·, <u> </u>	Mailing address of limited liability company: **CNote: MAY BE POST OFFICE BOX**)		
	STE 300		STE 300			
	ST. PETERSBURG, FL 33702		ST. PETERSBURG, FL 33702			
	01/10/2024		L2400002	4106		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	INC AUTHORITY RA					
• • • • • • • • • • • • • • • • • • • •	Registered Agent and Registered Office shown on the records of the 390 NORTH ORANGE AVE., STE 2300-N					
	Registered Office Address (MUST BE FLORIDA STREET AD	- RACE				
	ORLANDO FL 3	2801		FILED 2024 DEC 18 PH 4: 06 SECRLISHED FLORID. FALLAHASSEE FLORID.		
(b)	REGISTERED AGENTS INC	P. F.				
,,	Enter name of NEW Registered Agent and/or NEW Registered C	: 06				
	7901 4TH ST N	\tag{\tau}				
	NEW Registered Office Address			_		
	STE 300					
	ST. PETERSBURG , FL 3	3702				
change agent was/we the arti-	mited liability company is not organized under the laws or changes are made, the Florida street address of the result be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liable of a member or authorized representative of a member on authorized representative of a member on a complete point of all statutes relative to the proper and complete points of my position as registered agent as provided if the reflect a change in the registered office address. The	egister ility co the lin mited Rol	ed office arompany, it nited liability corbin Jones	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in impany. Printed or typed name of signee		
подписа	t in writing of this change.	rehy c	onfirm that	the limited liability company has been		
Signatui	David Roberts e of Registered Agent					