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.

(((H24000038229 3)))



H240000382293ABC/

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 : 120090000081

Phone Fax Number

: (307)200-2803 : (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. **

C41	Address:			



LLC REGISTERED AGENT CHANGE HELIUM PROPERTIES LLC

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

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.

(a)		(b)				
	Principal office address of limited fiability company (<u>Note: MUST BE STREET ADDRESS</u>)	:	Mailing ac	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	01/18/24	L24	000036515			
	Date of filing/registration in Florida	4.	Docum	ent number		
. (a)	KOLLI, RAVIKIRAN					
	Registered Agent and Registered Office shown on the record		2024 JAN 29 SECULLAHA			
	Registered Office Address (MUST BE FLORIDA STRE		Z			
	20206 OAK THORN WAY					
	ТАМРА		TALLAHASSEE			
(b)	Registered Agents Inc			AMIO: 31 SSEE, FL		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regist</u>	ered Office addres	<u>7</u> :			
	7901 4th St N					
	NEW Registered Office Address	.				
	STE 300					
	St. Petersburg	. FL. <mark>33702</mark>				
chai nt w /we artic	mited liability company is not organized under the nge or changes are made, the Florida street addres ill be identical. Or, in the case of a Florida limite re authorized by an affirmative vote of the memberles of organization or the operating agreement of	is of the registered liability compers of the limited	ed office and the any, it is hereby Hiability compa	business office of the registe confirmed that the change(s)		
	me of a member or authorized representative of a member	Robin Jo		or typed name of signee		

the obligations of an statues retained 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.

Apply David Roberts - Assistant Secretary

Signature of Registered Agent