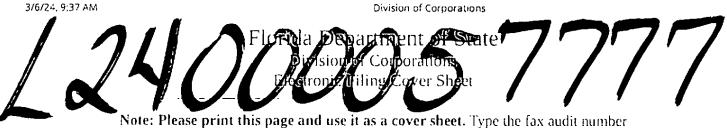
Division of Corporations



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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 annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE RAJ ENTERPRISES 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. N	ame of the limited liability company:	ENTERPRISES	LLC		
2. (a)			(h)		
2. (11)	Principal office address of limited liability ((Note: MUST BE STREET ADDRE	сотрану		Mailing address of fimited liability company: (Note: MAY BE POST OFFICE BOX)	;
	01/31/24		L240000	057777	
3.	Date of filing/registration in Flor	 ıda	4.	Document number	
	7ENDLICINECCING				
5. (a	Registered Agent and Registered Office shown on the shown				
	336 E. COLLEGE AVE.		•		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	SUITE 301				
	TALLAHASSEE	, FL_ ³²	301	2024 TÄL	**
(ħ)	Registered Agents Inc		* * * * * * * * * * * * * * * * * * * *	2024 HAR -6	n = m
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			— SSEE	\Box
	7901 4th St N			2024 HAR -6 PM 4: 00	C.
	NEW Registered Office Address:			— — — — — — — — — — — — — — — — — — —	
	STE 300				
	St. Pelersburg	FL_	702		
the ch agent was/w	limited liability company is not organized usinge or changes are made, the Florida stree will be identical. Or, in the case of a Floridatere authorized by an affirmative vote of the icles of organization or the operating agree	nder the laws of the alimited liabi members of the	e registered of lity company, he limited liab	ffice and the business office of the regist, it is hereby confirmed that the change(s bility company or as otherwise provided	tered s)
	three of a member or authorized representative of a m		Robin Jones		
Sign	nture of a member or authorized representative of a m	embei		Printed or typed name of signee	
provis the ob- to mer notifie	by accept the appointment as registered ag ions of all statutes relative to the proper an ligations of my position as registered agent ely reflect a change in the registered office d in writing of this change.	ent and agree d complete per as provided fo address, I her	to act in this c rformance of r or in Chapter (why confirm th	capacity. I further agree to comply with my duties, and I am familiar with and ac 605, F.S. Or, if this document is being j that the limited liability company has bee	the reept filed n
<u> </u>	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Assistant Secre	etary		
piguan	are of Registered Agent				