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.

(((H25000030574 3)))



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 annual report mailings. Enter only one email address please.

Email	Address:							
				-				

LLC REGISTERED AGENT CHANGE **DATA ANVIL LLC**

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

K-SALY----

JAN 28 2025

Electronic Filing Menu

Corporate Filing Menu

Help

1/27/2025 18:51:38 SST To: 18506176383 Page: 2/2 Fex: 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.

L. Na	ame of the limited liability company: <u>Data Anvil LLC</u>						
2. (a)	7901 4th St N STE 300	(b) 7901 4th St N STE 300					
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
	St. Petersburg FL 33702 US	St. Petersburg FL 33702 US					
	02/05/2024	L24000065012					
3.	Date of filing/registration in Florida	4. Document number					
5. (a)	ZENBUSINESS INC.						
	Registered Agent and Registered Office shown on the records of the	he Florida Dept. of State:					
	336 E. COLLEGE AVE.						
	Registered Office Address (MUST BE FLORIDA STREET AD	DDRESS)					
	SUITE 301						
	TALLAHASSEE FL_	73 2					
(b)	Registered Agents Inc						
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office address:					
	7901 4th St N						
	NEW Registered Office Address:						
	STE 300	<u> </u>					
	St. Petersburg . FL 3	33702					
the cha agent v was/we	imited liability company is not organized under the law- inge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited liab	es of the State of Florida, it is hereby confirmed that after the registered office and the business office of the registered ability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in					
<u></u>	ture of a member or authorized representative of a member	Robin Jones					
Signa	ture of a member or authorized representative of a member	Printed or typed name of signee					
provisi the obt to merc	hy accept the appointment as registered agent and agreions of all statutes relative to the proper and complete pligations of my position as registered agent as provided ely reflect a change in the registered office address. I had in writing of this change.	we to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept I for in Chapter 605, F.S. Or, if this document is being filed tereby confirm that the limited liability company has been					
	David Roberts - Assistant Sec le of Registered Agent	cretary					