4/30/25, 2:15 PM

To: -18506176383

Page 1/2

Fax: 18134365206

Division of Corporations

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To:			
	Division of C	•	•
	Fax Number	: (850)617-6383	
[*-am.			
From:		DESTRUCTION ASSESSED THE	
	Account Name	: REGISTERED AGENTS INC.	
	Account Numbe	er : 120090000081	-
	Phone	: (307)200-2803	
40	Fax Number	: (813)436-5206	
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<u>ZEG</u>			
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annyal	report mailing	s. Enter only one email address p	lease.**
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Apr 30, 2025 11:16 🕠 💃 To: -18506176383 Page: 2/2 Fax: 18134365206

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	ame of the limited liability company:					
2. (a)	7901 4th St N		(b) 7901 4th St N Mailing address of limited hability company: (Note: MAY BE POST OFFICE BOX) STE 27167 St. Petersburg FL 33702			
	Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS) STE 27167 St. Petersburg FL 33702					
3.	Date of filing/registration in Florida	_ 		Document number		
5. (a)	TOTAL CORPORATION SERVICES, INC.					
(b) .	Registered Agent and Registered Office shown on the records of					
	6355 NW 36TH ST					
	Registered Office Address (MUST BE FLORIDA STREET.			ত্ত		
	STE 407				भेदगढ	
	VIRGINIA GARDENS	33166				
	VIRGINIA GARDENS	´				1. 1
	Northwest Registered Agent LLC		•			
	Enter name of NEW Registered Agent and/or NEW Registered			<i>,</i> •		
	7901 4th St N					•
	NEW Registered Office Address:					
	STE 300		 			
	St. Petersburg	33702				
			·			
f the l	imited liability company is not organized under the launge or changes are made, the Florida street address of	ws of the	State of Flo	rida, it is hereby co	onfirmed t	hat after
igent v	will be identical. Or, in the case of a Florida limited li	lability c	ompany, it is	hereby confirmed	that the el	hange(s)
	ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the				herwise pr	ovided in
	Nat Smith		Smith	i-mio		
Signa	ture of a member or authorized representative of a member			Printed or typed name	of signee	•,-
rovisi he obl o mere	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provide cly reflect a change in the registered office address. I d in writing of this change.	ree to ac perform ed for in hereby c	t in this capa nance of my d Chapter 605, confirm that to	city. I further agr luties, and I am far F.S. Or, if this do he limited liability	ee to composition with ocument is company	oly with the and accep heing filed has been
-/ /~	Taylor Newman - Assistant S	ecretary				