11/26/24, 3:56 PM	Page: 2 of 4	2024-11-26 14:00:38 PST LegelZoom.com, Inc. Division of Corporations	From: Malika L
		Florida Department of State Division of Corporations Electronic filling Cover Sheet e print this page and use it as activer-sheet. Type the fax audit number own below) on the top and bottom of all pages of the document.	
		(((H24000392997 3)))	
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	annu ئے ڈ ریند	Division of Corporations Fax Number : (850)617-6383 Account Name : LEGALZOOM.COM INC. Account Number : I2001000062 Phone : (323)962-8600 Fax Number : (323)389-0502 The email address for this business entity to be used for future al report mailings. Enter only one email address please.** IN F	
	W	LLC REGISTERED AGENT CHANGE ORDSMITH DOCUMENTATION SERVICES, LLC Certificate of Status 0 Certified Copy 1 Page Count 03 Estimated Charge \$55.00 M. SOLO DEC - 3 2	MON 2024

Help

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: WORDSMITH DOCUMENTATION SERVICES, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mike Town

Name of Person

Legalzoom.com, Inc.

Firm/Company

9900 Spectrum Dr

Address

Austin, TX 78717

City/State and Zip Code

information@wordsmithdocumentation.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mike Town	800 773-0888 ext 9724
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following a	mount:
□ \$25 Filing Fee	\$55 Filing Fee & Certified Copy

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INHS18 (2/14)

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)	Principal office address of timited liability company:		(b)	Mailing address of limited liability company:	
	(<u>Note: MUST BE STREET ADDRESS</u>)		(<u>National address of limited liability company:</u> (<u>Nate: MAY BE POST OFFICE BOX</u>) 4700 MILLENIA BLVD. STE. 500		
	4700 MILLENIA BLVD. STE. 500				
	ORLANDO, FL 32839 03/20/2024		ORLANDO, FL 32839 L24000138409		
	Date of filing/registration in Florida	4.		Document number	
(a)				_	
	Registered Agent and Registered Office shown on the records of JOANNE BEN	the Flor	da Dept, of State	- - -	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	<u>SS)</u>	-	
	4700 MILLENIA BLVD. STE. 500			203	
	ORLANDO	2024 DEC			
21 X					
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>				
	UNITED STATES CORPORATION AGEN				
	NEW Registered Office Address:				
	476 Riverside Ave.				
	Jacksonville	3220	2		
e cha jent v as/we	imited liability company is not organized under the la nge or changes are made, the Florida street address o vill be identical. Or, in the case of a Florida limited l ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	f the rep iability of the li e limited	gistered office company, it i mited liabilit l liability con	e and the business office of the regist s hereby confirmed that the change(s y company or as otherwise provided npany.	
	/S/ JOANNE I BEN	1/	DANNE I B		

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative 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 mercly reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

Tik Treutlein Erik Treutlein, ASSISTANT SECRETARY, UNITED STATES

Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00

Τo.