To: 18	35061	76383
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Division of Corporations

Fax: 813436520

10/18/2024 06:58:53 PDT 10/18/24, 9:57 AM



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To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name	:	REGISTERED AGENTS INC.
Account Number	:	12009000081
Phone	:	(307)200-2803
Fax Number	:	(813)436-5206

**Enter the email address for this business entity to be used for future



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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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

. Na	me of the limited liability company:	LLC	
!. (a)	7901 4th St N		(b) <u>7901 4th St N</u>
	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	STE 300		STE 300
	St. Petersburg, FL 33702		St. Petersburg, FL 33702
	05/08/24		L24000215353
	Date of filing/registration in Florida	4.	Document number
. (a)	AZARIA, YONA		
	Registered Office Address (MUST BE FLORIDA STREET 7763 DEPOT LOOP	ADDRE	<u>ESS)</u>
	PARRISH F	L	9
(b)	Registered Agents Inc		e address:
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office 1	e address:
	7901 4th St N		 C
	NEW Registered Office Address		
	STE 300		
	St. Petersburg	33702 L	2

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Repaire tonce	Robin Jones
Signature of a member or authorized representative of a member	Printed or typed name of signee

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 merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been with a second s

Avid Notests - Assistant Secretary

Signature of Registered Agent

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