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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 ୍ଦିଲ୍ଲmail Address:_

LLC REGISTERED AGENT CHANGE SADBUTRAD.CO LLC

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M. SOLOMON JUL 1 2 2024

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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

2. (a)		(b)			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	07/01/2024		000296031		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	UNITED STATES CORPORATION AGENTS, INC. Registered Agent and Registered Office shown on the records of				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 476 RIVERSIDE AVE.			2024	
		32202		2024 JUL 12 SECRETARY ALL AHASSI	-7
(b)	Northwest Registered Agent LLC Enter name of NEW Registered Agent and/or NEW Registered	<u>v</u> :	PH 2: OF STA E.FLOR	ר	
	7901 4th St N			16/ 10/ 8	
	NEW Registered Office Address:	···········			
	STE 300				
	St. Petersburg	33702			
the cha agent v was/we	imited liability company is not organized under the la inge or changes are made, the Florida street address o vill be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members of the of organization or the operating agreement of the	f the registere ability comp of the limited	ed office and the business o any, it is hereby confirmed I liability company or as oth	ffice of the regis that the change(stered s)
	ture of a member or authorized representative of a member	Nat Smit	h		
			Printed or typed name	-	
the obl to mere	hy accept the appointment as registered agent and age fons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I d'in writing of this change.	ree to act in a performance of for in Cha hereby confi	this capacity. I further agre e of my duties, and I am fan pter 605, F.S. Or, if this do rm that the limited liability	re to comply with viliar with and a cument is being company has be	h the iccept filed ren

Signature of Registered Agent

- Assistant Secretary

Taylor Newman