Florida Department of State

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.

(((H24000339342 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 : (307)200-2803 Phone 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.

Empt 1	Address:			
FINGTE	MUULESS.			

LLC REGISTERED AGENT CHANGE KAY MONROE ENTERPRISES LLC

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

10/8/2024 13:2年28 PDT。 To 18506176383 Page: 2/2 Fax. 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

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)	
	7901 4th St N STE 300	_	-	7901 4th St N STE 300	
-	St. Petersburg, FL 33702		-	St. Petersburg, FL 33702	
0	07/10/24	_	L2	24000307722	
	Date of filing/registration in Florida	4.		Document number	
(a) (CAUDILL, ANGELINA				
_	Registered Agent and Registered Office shown on the records of			Dept. of State	
- !	Registered Office Address (MUST BE FLORIDA STREET) 61 LAKE LORRAINE CIRCLE			Dept. of State	
- - -	Registered Office Address (MUST BE FLORIDA STREET) 61 LAKE LORRAINE CIRCLE	ADDRE:			
- - - -	Registered Office Address (MUST BE FLORIDA STREET) 61 LAKE LORRAINE CIRCLE SHALIMAR . FL	32579	<u>837</u>	28246	
i - b) <u>R</u> B	Registered Office Address <u>(MUST BE FLORIDA STREET)</u> 61 LAKE LORRAINE CIRCLE SHALIMAR Registered Agents Inc	32579	<u>837</u>		
- : - b) <u>R</u> - -	Registered Office Address (MUST BE FLORIDA STREET) 61 LAKE LORRAINE CIRCLE SHALIMAR FL Registered Agents Inc Inter name of NEW Registered Agent and/or NEW Registered	32579	<u>837</u>	2824 O 1385	
i - - b) <u>R</u> - - -	Registered Office Address (MUST BE FLORIDA STREET) 61 LAKE LORRAINE CIRCLE SHALIMAR FL Registered Agents Inc Enter name of NEW Registered Agent and/or NEW Registered	32579	<u>837</u>	2824 0	

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.

Later ou force	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 notified in writing of this change.

David Roberts - Assistant Secretary

Signature of Registered Agent