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COVERTETTER

TO: Registration Section Division of Corporations	
SUBJECT: Cadmus Consortium LLC Name	of Limited Liability Company
S 0' N 1	
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Alexander DiMenna Name of Person	
Cadmus Consortium	
Firm/Company	
PO Box 229	
Address	
Blauve H, NY 10913 City/State and Zip Code	<u>, </u>
Alex dimenna a Hanoo. C E-mail address: (to be used for future annua	I report notification)
For further information concerning this matter, pl	lease call:
	at (772) 275-1239
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 32301	Tallahassee. Florida 32314
Enclosed is a check for the following ar	mount:
₹25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

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

1. No	ame of the limited liability company: Cadmus Consortium LUC			
2. (a)		21 4th	St N	
2. (4,	Principal office address of limited liability company:	Mailing add	lress of limited liability co	
	(Note: MUST BE STREET ADDRESS)	-	<u>IAY BE POST OFFICE</u>	BOX)
	Juite 300 Su	cite 30	00	
	St. Petersburg, FL 33702 St.	Peters.	burg, FL 3	33707
		4000	346227	_
3.	Date of filing/registration in Florida 4.	Docume	nt number	
5. (a)	Northwest Registered Agent LLC. Registered Agent and Registered Office shown on the records of the Florida Dept. of	State:		
	790 4th ST N Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	Suite 300			
	St. Petersburg FL 33702	<u> </u>	2025 JUL 15 SECT PAL FALLAHA	
(b)	Registered Agents Inc			-
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			ا تنامه تا کنی ،
			ري د م	772
	7901 4th St N		AM 9: OF ST SEE, F	O
	NEW Registered Office Address:		~ ≤5	-
	STE 300		E 2	
	St. Petersburg FL 33702			
the cha agent w was/we	limited liability company is not organized under the laws of the State of ange or changes are made, the Florida street address of the registered of will be identical. Or, in the case of a Florida limited liability company, ere authorized by an affirmative vote of the members of the limited liability of organization or the operating agreement of the limited liability.	ffice and the it is hereby o pility compan	business office of the confirmed that the ch	e registered ange(s)
_(')	Revender & Dun Alexa	nder	DiMenna tyned name of signee	
Signat	ture of a member or authorized representative of a member	Printed or	typed name of signer	

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

David Roberts - Assistant Secretary