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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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Email	Address:	 	

LLC REGISTERED AGENT CHANGE MINKY HANDY LLC

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Sep 01_2025_09.41 To: +18506176383 Page: 2/2 Fax. 18134365206

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.

1.	Name of the limited liability company: MINKY HAN	IDY LLC			
2. (ā	a) 7901 4th St N Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) <u>7901</u> 4	(b) 7901 4th St N Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	#20260	#20260			
	St. Petersburg, FL 33702	<u> 51. Pel</u>	St. Petersburg, FL 33702		
	08/20/2024	L24000	0365045		
3.	Date of filing/registration in Florida	4.	Document number		
5. ((a) NORTHWEST REGISTERED AGENT LLC	Falso Florida Dona of Ci			
	Registered Agent and Registered Office shown on the records of	тте гюпоа Берт, от 5	rate:		
7901 4TH ST N Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	STE 300				
	ST. PETERSBURG, FI	L_33702	2		
	-		2025 S		
(t	h) Registered Agents Inc Enter name of NEW Registered Agent and/or NEW Registered	d Office address:	SEP -		
			2		
	7901 4th St N NEW Registered Otfice Address:		PH (
			. မွှ . 2		
	STE 300		∞		
	St. Petersburg , FI	L 33702			
the cagen was/the a	e limited liability company is not organized under the la change or changes are made, the Florida street address of it will be identical. Or, in the case of a Florida limited li were authorized by an affirmative vote of the members of articles of organization or the operating agreement of the	f the registered off iability company, it of the limited liabil	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in		
10	when the state of a member of authorized representative of a member		Robin Jones Printed or typed name of signee		
		ree to act in this co			
prov. the o to me notif	reby accept the appointment as registered agent and ag- visions of all statutes relative to the proper and complete obligations of my position as registered agent as provide erely reflect a change in the registered office address, I fied in writing of this change.	ree to uct in this co e performance of med for in Chapter 6 hereby confirm the	apactys: I partier agree to comply with the sy duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been		
1)0	wid X-doerts David Roberts - Assistant Secretar	ry			

Signature of Registered Agent