(((H24000350689 3)))



H240003506893ABC4

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

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

er the email address for this business entity to be used for futurer annual report mailings. Enter only one email address please.**

| Email | Address: | | | | | |
|-------|----------|--|--|--|------|--|
| | | | | | | |

LLC REGISTERED AGENT CHANGE J.V. MARCOM & COPYWRITING LLC

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

M. SOLOMON OCT 2 1 2024

Electronic Filing Menu

Corporate Filing Menu

Help

Fax: 813436520(

10/21/2024 11:09:43 PD# To: 18506176383 Page 2/2 Fax: 813436520

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. | Na | nne of the limited liability company: | COPYWI | HITING | G LLC | | |
|------------------------|-----------------------------------|---|--|------------------------------------|--|--|--|
| 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) | | |
| | | 3833 Powerline Rd Suite 201 | | 383 | 33 Powerline Rd Suite 201 | | |
| | | Fort Lauderdale Florida 33309 | | For | t Lauderdale Florida 33309 | | |
| | | 09/03/2024 | | L24000383103 | | | |
| 3. | | Date of filing/registration in Florida | 4. | | Document number | | |
| 5. | (a) | ROBERTS, DAVID | | | | | |
| <i>J</i> , | (a) | Registered Agent and Registered Office shown on the records of t | | | | | |
| | | | | | \$2 20 | | |
| | | Registered Office Address <u>(MUST BE FLORIDA STREET A</u> | 2024 OCT 2 SEGNO ARE TALLAR | | | | |
| | | 7901 4TH ST N. STE 300 | |)CT | | | |
| | | ST. PETERSBURG | | | | | |
| , | (b) | Northwest Registered Agent LLC | | | | | |
| | (0) | Enter name of NEW Registered Agent and/or NEW Registered | | | | | |
| | | 7901 4th St N | | | | | |
| | | NEW Registered Office Address: | EW Registered Office Address: | | | | |
| STE 300 | | | | | | | |
| | | C) Parant in | 00700 | | | | |
| | | St. Petersburg , FL | 33702 | | | | |
| the ag wa the | ent v ent v is/we e arti | imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cless of organization or the operating agreement of the | the reginbility confirmation the limited | stere ompa nited liabil | d office and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company. | | |
| _ | / | due of a member or authorized representative of a member | Nat | Smith | | | |
| | | | | المسائم | Printed or typed name of signee | | |
| pr the to no | ovisi : obl meri tifici | by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I do not not not in a change. | perform d for in G nereby c | t in th lance Chap lonfir | his capacity. I jurther agree to comply with the eof my duties, and I am familiar with and accept over 605, F.S. Or, if this document is being filed arm that the limited liability company has been | | |
| Si | gnatu | Taylor Newman - Assistant Se | ecretary | | | | |