Florida Department of State Division of Corporations

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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

Émail Address:_____

 $oldsymbol{ ilde{x}}$ the email address for this business entity to be used for future Dannual report mailings. Enter only one email address please.**

LLC REGISTERED AGENT CHANGE
DIVINE DIGITAL DOODLES LLC

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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 hability 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)
	7901 4TH ST N STE 300			7901 4TH :	ST N STE 300
	ST. PETERSBURG. FL 33702	_	-	ST. PETER	SBURG, FL 33702
	11/04/24		L	240004654	61
3.	Date of filing/registration in Florida	4.	_		Document number
5. (a)	SUNSHINE CORPORATE FILINGS LLC				
J. (4)	Registered Agent and Registered Office shown on the records of t	he Flore	da E	Dept. of State	
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES	55)		
	7901 4TH ST N STE: 300				
	ST. PETERSBURG . FL	33702			
(b)	Registered Agents Inc				20241
ζ	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	ddr	ess:	
	7901 4th St N				APPROVED FILED
	NEW Registered Office Address:			- .	
	STE 300				2: 2:
	St. Petersburg . FL	33702			
the cha agent was/we the arti	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia- are authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	the reg bility of f the li	giste con mit	ered office ipany, it is ed liability	and the business office of the registered hereby confirmed that the change(s) y company or as otherwise provided in
	att in finage	Rol	bin .	Jones	<u> </u>
•	ure of a member or authorized representative of a member				Printed or typed name of signee
l herel provisi	oy accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. I h	ce to a perfori 1 655 in	et ii nan Cl	n this cape ice of my e works 605	ncity. I further agree to comply with the huies, and I am familiar with and accep F.S. Or, if this dovument is being filed

Signature of Registered Agent