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To:

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

**Enter	the	email	address	for	this	busine	255	entity	to	be	used	for	future
			mailin										

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LLC REGISTERED AGENT CHANGE S BRITTON GLOBAL LLC

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M. SOLOMON NOV 1 4 2024

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Signature of Registered Agent

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.

Name of the limited liabil	· · · · · · · · · · · · · · · · · · ·	LODAL	.LC				
7901 4th St N STE 300) 		79 01 4	kth St N STE 300	1		
	ress of limited liability company: TBE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
St. Petersburg, FL 33	702		St. Pete	ersburg, FL 3370)2		
11/06/2024			L240004	70925			
Date of filing/	registration in Florida	4.		Document nur	mber	-	
	tered Office shown on the records of	The Flori	la Dept. of S	tate:			
2120 NORTHWEST 2	9TH AVENUE				(O 1	2	
Registered Office Address	(MUST BE FLORIDA STREET	ADDRE.	<u>(S)</u>			2021 NOV 1-3	
FORT LAUDERDALE	F	L		_			
REGISTERED AGENT	S INC						
	ered Agent and/or NEW Registere	d Office a	ddress:			_	
7901 4TH ST N							
NEW Registered Office Ad	dress:						
STE 300			 				
ST. PETERSBURG	F	33702 L	_				
e or changes are made, the will be identical. Or, in the vere authorized by an affiniticles of organization or the control of	is not organized under the la the Florida street address of the the case of a Florida limited li- mative vote of the members one operating agreement of the	e register ability co of the lir	ed office a ompany, it nited liabil	and the business of is hereby confinity company or a	office of the re med that the c	egistered hange(s)	
diversity of a member of authorized	/		oin Jones	-			
ature of a member or authorized	d representative of a member			Printed or typed:	name of signee		
eby accept the appointmentions of all statutes relatively digations of my position a rely reflect a change in the ed in writing of this chang	nt as registered agent and ag re to the proper and complete is registered agent as provide e registered office address, L re	ree to ac perform d for in hereby c	t in this ca ance of my Chapter 60 onfirm tha	pacity. I further duties, and I an 35, F.S. Or, if thi t the limited liab	agree to comp Liamiliar with is document is ility company	oly with the and acce being file has been	
wid XBoerts	David Roberts						