Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000406695 3)))



H240004066953ABC3

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

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803

Fax Number : (813)436-5206 ∉the email address for this business entity to be used for future inhual report mailings. Enter only one email address please.** Email Address:_

LLC REGISTERED AGENT CHANGE **DISCOVERY CART LLC**

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

K. SALY

DEC 1 1 2024

Electronic Filing Menu Corporate Filing Menu

Help

12/10/2024 12:43:23 PST To: 18506176383 Page 2/2 Fax: 8134365206

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: DISCOVERY	Cal	rt LL(
		Principal office address of limited liability company:			Mailing address of limited liability company:	
		(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST OFFICE BOX)	
		1632 NE 172nd Street		1632	NE 172nd Street	
		North Miami Beach, FL 33162-1431	-	North I	Miami Beach. FL 33162-1431	
		12/04/24		L240	00506618	
3.		Date of filing/registration in Florida	4.		Document number	
5.	(a)	REGISTERED AGENTS INC				
	1-7	Registered Agent and Registered Office shown on the records of the	e Florida	Dept. of S	tate:	
		7901 4TH ST N STE 300				
		Registered Office Address (MUST BE FLORIDA STREET AL	DRESS	1		
					_	
		ST. PETERSBURG FL 3	3702	<u> </u>	ADEC 10 P	
	(b)	Maria Sperling			Service of the servic	
	(0)	Enter name of NEW Registered Agent and/or NEW Registered Of 1632 NE 172 Street		3702 Gice address:		
		NEW Registered Office Address:			_	
		Miami , FL 3	3162			
the age was the	cha. nt w s/we artic	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liability.	ne regis ility co the lim mited l	stered off mpany, i ited liabi iability co	ice and the business office of the registered tis hereby confirmed that the change(s) lity company or as otherwise provided in ompany.	
Signature of a member or authorized representative of a member			RUI	Robin Jones Printed or typed name of signee		
I hi pro the to n noti	ereb visio obli nere ified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe gations of my position as registered agent as provided by reflect a change in the registered office address, I he I in writing of this change.	e to act erforma for in C reby co	in this co ance of m Chapter G onfirm the	macity. I further garee to comply with the	
Sig	natur	ria Spending Maria Sperling e of Registered Agent				