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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

| F41 | | | | |
|--------|----------|--|--|--|
| Emall. | Address: | | | |

LLC REGISTERED AGENT CHANGE NEWA CONSULTING, LLC

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JAN 24 2025 T. LEMIEUX 1/21/2025 12:27.43 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.

| 2. (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) St. Petersburg FL 33702 | | 01 4th St N STE 300 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Petersburg FL 33702 |
|---|--|---|--|
| (u) . | (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | St. Petersburg FL 33702 | St. | Petersburg FL 33702 |
| | | | |
| | | | |
| | 12/10/24 | L240 | 000511874 |
| 3. | Date of filing/registration in Florida | 4. | Document number |
| 5. (a) | COHEN. DOUGLAS A | | |
| | Registered Agent and Registered Office shown on the records of | | |
| | 11248 WESTLAND CIR | | |
| | Registered Office Address (MUST BE FLORIDA STREET. | | |
| | | | - |
| | BOYNTON BEACH | 33437180 | |
| | , FL | - | |
| (b) | Northwest Registered Agent LLC | | - 150 |
| | Enter name of NEW Registered Agent and/or NEW Registered | Office address: | |
| | 7901 4th St N | | <u>.∵</u> |
| | NEW Registered Office Address: | | . <u>မ</u> |
| | STE 300 | | |
| | St. Petersburg | 33702 | |
| the char agent w was/we the artic | mited liability company is not organized under the layinge or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited litre authorized by an affirmative vote of the members of the organization or the operating agreement of the | f the registered ability compa- of the limited: | d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company. Nat Smith |
| Signati | ure of a member or authorized representative of a member | - | Printed or typed name of signee |
| provisio the obli to mere notified | y accept the appointment as registered agent and agrous of all statutes relative to the proper and complete gations of my position as registered agent as provide ly reflect a change in the registered office address, I is inviting of this change. | performance d for in Chap hereby confiri | nis capacity. I further agree to comply with the of my duties, and I am familiar with and accept ter 605, F.S. Or, if this document is being filed m that the limited liability company has been |
| | Taylor Newman - Assistant S | ecretary | |