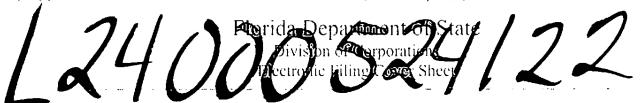
12/19/24, 5.43 PM

Division of Corporations



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.

(((H24000417816.3)))



H2400041781634BC0

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 : LEGALZOOM.COM INC.

Account Number : I20010000062

: (323)962-8600

Fax Number

: (323)389-0502

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

mail	Address:					
MOTT	MUUI ESS.	 	 	 	 	

LUC REGISTERED AGENT CHANGE BALDR FINANCIAL GROUP LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY DEC 2 6 2024

COVER LETTER

TO: Registration Section Division of Corporations

BALDR FINANCIAL GROUP LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mike Town				
Name of Person				
Legalzoom.com, Inc.				
Firm/Company				
9900 Spectrum Dr				
Address				
Austin. TX 78717				
City/State and Zip Code				
sschuetz@lampabay.rr.com				
E-mail address: (to be used for future annu-	ual report notification)			
For further information concerning this matter,	please call:			
Mike Town	800 773-0888 ext 9724			
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:				
□ \$25 Filling Fee	☐ \$55 Filing Fee & Certified Copy			

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

RAIDR FINIANCIAL GROUPLIC

L. Ni	ime of the limited liability company:	111771	NOIAL	ONOO! LLO		
2. (a)	Principal office address of limited hability company: (Nate: MUST BE STREET (DDRESS) 1257 79TH ST S	(b	(b)			
	SAINT PETERSBURG, FL 33707			ETERSBURG, FL 33707		
	12/18/2024		L2400052	4122		
3.	Date of filing/registration in Florida	4.		Document number		
(h)	Registered Agent and Registered Office shown on the records of SCHUETZ, STEVEN E Registered Office Address (MUST RE FLORIDA STREET), 1257-79TH ST S SAINT PETERSBURG FL. Litter name of NEW Registered Agent and/or NEW Registered UNITED STATES CORPORATION AGENT NEW Registered Office Address:	33707 Office ado	lresy:	PILED 2024 DEC 20 PM 1: 08 TALLAHASSLE FLORID		
	476 Riverside Ave.		•			
	Jacksonville FL	32202				
the cha agent v was/we the arti Signal I herei provisi the obli to mere notified	imited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of cles of organization or the operating agreement of the ture of a member of authorized representative of a member of a member of a member of all statutes relative to the proper and complete lightions of my position as registered agent as provided by reflect a change in the registered office address. It is in writing of this change. Erik Treattern, ASSISTANT SECRETARY, CORPORATION AGENTS, INC.	ws of the the regis ability confirmed limited	State of Flor tered office inpany, it is ited liability inbility comp Treutlein in this capa inca of my d hapter 605, infirm that the	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. Printed or typed name of signce city. I further agree to comply with the		

Signature of Registered Agent