Division of Corporations

Florida Department of State

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.

(((H25000290868 3)))



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 : 120090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

Email Address:____

LLC REGISTERED AGENT CHANGE THE WEBB HOUSE LLC

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



Fax: 18134365206

Electronic Filing Menu Corporate Filing Menu

Help 405 2 0 2025

K. Brumbley

Aug 19, 2025 11:48 - To: +18506176383 Page: 2/2 Fax: 18134365206

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	nme of the limited liability company:	LLC			
2. (a)		(b)			
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<u> </u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	7901 4th St N STE 300	7901 4	th St N STE 300		
	St. Petersburg FL 33702	St. Pet	ersburg FL 33702		
	07/22/25	L250003	337487		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	WEBB, RALEIGH				
J. 10)	Registered Agent and Registered Office shown on the records of	f the Florida Dept. of	State:		
	6412 N. FLORIDA AVE				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)			
	SUITE D-1347				
	TAMPA . Fi	L_33604	2025		
(1.)	Registered Agents Inc		NU6		
(b)	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:	—————————————————————————————————————		
	7901 4th St N		AM II: 0		
	NEW Registered Office Address:		<u> </u>		
	STE 300				
	St. Petersburg , Fi	33702 L			
the cha agent v was/we the arti	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the registered o iability company. of the limited lial	ffice and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in company.		
	ture of a member or authorized representative of a member		Printed or typed name of signee		
I here provisi the obt to mer natified	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address, I d in writing of this change.	e performance of ed for in Chapter hereby confirm t	canacity. I further agree to comply with the		
Giornal	David Roberts - Assistant S	Secretary			