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To:

Division of Corporations

Fax Number : (850)617-6383

From:

-Email Address:\_\_\_\_

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 : (855)330-1010 Fax Number

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

## LLC REGISTERED AGENT CHANGE TEACHINGBOOKS.NET LLC

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MAY 2 5 2022

## 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.

rioria 1. N		IINGBOO	KS.NET LLC
2. (a)	, , , , <u>, , , , , , , , , , , , , , , </u>	(b)	
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	, ,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	10/30/14		4000007904
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
	Registered Agent and Registered Office shown on the records	of the Florida Dept.	
	152 SAND DOLLAR ROAD	<del></del>	
	Registered Office Address (MUST BE FLORIDA STREE	<u>ET ADDRESS)</u>	2022 HAY 24 SECUL PASS FALLAHASS
	INDIALANTIC	FL 32903	
(b)	Registered Agents Inc.		PH 4: 25
	Enter name of NEW Registered Agent and/or NEW Registe	ered Office address:	
	7901 4th St N		
	NEW Registered Office Address:		
	STE 300	,	
	St. Petersburg	FL_33702	
the ch agent was/w	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of	s of the registered d liability compar rs of the limited l	I office and the business office of the registered sy, it is hereby confirmed that the change(s) iability company or as otherwise provided in
R	ilus tark.	Riley P	_
_	ature of a member or authorized representative of a member		Printed or typed name of signee
provi: the ob to me:	eby accept the appointment as registered agent and sions of all statutes relative to the proper and comploligations of my position as registered agent as proverly reflect a change in the registered office address ed in writing of this change.	lete performance ided for in Chapt s, I hereby confirm	of my auties, and 1 am familiar with and accepter 605. F.S. Or, if this document is being filed
to me notifi zec	ed in writing of this change.	tant Secretary	п насте итиев навину сотрану наз г

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent