Division of Corporations

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Division of Corporations

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: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 Phone : (614)280-3338

: (954)208-0845 Fax Number

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

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LLC REGISTERED AGENT CHANGE 100R HOLDINGS US LLC

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MAR 15 2021

M. SOLOMON

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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.

. • • •	me of the limited liability company: iQot Holdings US 200 Central Ave, 5th Fli. St. Petersburg, FL 33701				
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	(b)		
	Date of filing/registration in Florida Corporation Service Company		8000001494 Document number		
(a)	Registered Agent and Registered Office shown on the records of	the Florida Dep	t of State.		
	Registered Office Address (MUST BE FLORIDA STREET) 1201 Hays Street	2021 HAR 1.2			
	Tallahassee F1				
(b)	C T Corporation System				
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office address	1		
	NEW Registered Office Address				
	1200 South Pine Island Road				
	Plantation	33324			
ie ch gent tasav	limited 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 li- ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	it the registere lability comp of the limited limited liabi	any, it is hereby confirmed that the change(s) Hiability company or as otherwise provided in ility company.		
عزد	aftire of a member of authorized representative of a member	Stephan	Printed or typed name of signee		
Sign	while of a member of authorized representative of a member why accept the appointment as registered agent and ag- cions of all statutes relative to the proper and complete ligations of my position as registered agent as provided why reflect a change in the registered office address. I	ree to act in performanc ed for in Cha hereby conti	A to make I four how were a common with the		

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