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	(Requestor's Name)					
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PICK-UP	MAIT	MAIL				
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	(Business Entity Name)					
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Certified Copies	Certificates of	Status				
Special Instructions to	Filing Officer					
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Office Use Only



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A. RAMSEY
JUN 2 **3** 2023



CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE: 813916 8416213 AUTHORIZATION : 10 COST LIMIT : ORDER DATE: June 14, 2023 ORDER TIME : 8:29 AM ORDER NO. : 813916-048 CUSTOMER NO: 8416213 CHANGE OF AGENT NAME: PERSONAL FUNDRAISING SERVICES LLCPLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY
XX PLAIN STAMPED COPY CONTACT PERSON: Alexxis Weiland-sorenson

EXAMINER'S INITIALS:

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	me of the limited liability company: PERSONAL FU	INDRAIS	116	NG SERVIC	CES LLC
2. (a)		(b)		
`	, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`	Í	N	lailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		7901 4th St N STE 300			7901 4th S	St N STE 300
		St. Petersburg, FL 33702			St. Petersl	burg, FL 33702
		11/13/2018		١	M1800001	0171
3.		Date of filing/registration in Florida	4.	_		Document number
5.	(2)					
J.	(4)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State Northwest Registered Agent LLC				
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			新元 三	
		7901 4th St N STE 300				
		ST. PETERSBURG	33702		·	
			'			1 8: 53
(b)					$rac{\partial c}{\partial t}$
`		Enter name of NEW Registered Agent and/or NEW Registered	Office ac	dd	ress;	
		Corporation Service Company				
		NEW Registered Office Address:				
		1201 Hays Street				
		Tallahassee, FL	32301			
char ager was	nge nt w /we artic	mited liability company is not organized under the lay or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liare authorized by an affirmative vote of the members cales of organization or the operating agreement of the JILL CILMI	register ability co of the lin limited	ed on nit lia	office and pany, it is ed liability bility comp	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
Si		ure of a member or authorized representative of a member	_			Printed or typed name of signee
prov the d	visio obli iere	by 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 provided by reflect a change in the registered office address, I fin writing of this change.	ree to ac perform d for in (hereby c	t it ar Ch on	n this capa ace of my d capter 605, firm that th	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed be limited liability company has been
Sign	atur	e of Registered Agent	GRACE	E E	E. KIRBY.	ASST. VICE PRESIDENT