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To:

Division of Corporations

Fax Number : (850)617-6383

from:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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rmail.	Address:			

LLC REGISTERED AGENT CHANGE ALLBOXES DIRECT, LLC

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TO:

Registration Section
Division of Corporations

SHRIFCT. ALLBOXES DIRECT, LLC

Name of Limited Liability Company

Dear Sir or Madam:

INHS18 (2/14)

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

Please return all correspondence concerning this matter to the following:

Joshua Murphy			
Name of Person			
Registered Agent Solutions, Inc.			
Firm/Company			
Corporate Center One, 5301 Southwe	st Pkwy, Ste 400		
Address			
Austin, TX 78735			
City/State and Zip Code			
E-mail address: (to be used for future an			
Joshua Murphy	888 705-7274		
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	g amount:		
□ \$25 Filing 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.

Name of the limited liability compa	nny: ALLBOXI	ES DIRECT,	LLC				
2. (a) 471 NORTH BROADW	•	(b) 471 NORTH BROADWAY #283					
Principal office address of limi	Principal office address of limited liability company:		Mailing address of limited liability company:				
(<u>Note: MUST BE STRE</u> JERICHO, NY 11		IFRI	CHO, NY	<u>POST OFFICE BOX</u>) 111753			
JERROTO, IVI TI	100		0110,141	11700			
1/14/2019		M1900	0000467				
3. Date of filing/registration	on in Florida	4.	Document num	iber			
5. (a) BLUMBERGEXCELSIOR	CORPORATE S	ERVICES, INC.					
Registered Agent and Registered Office 155 OFFICE PLA							
Registered Office Address (MUST	<u>BE FLORIDA STREET</u>	<u>(ADDRESS)</u>					
TALLAHASSEE,	F	ւ32301	<u>-</u>				
(b) Registered Agent So	olutions, Inc.			AP 2022 AUG SECRETA TALL AHA			
Enter name of NEW Registered Agen	t and/or NEW Registere	d Office address:		ALG ANA			
155 Office Plaza Dr	•		_	PRO PAMI FILE SSSEE			
NEW Registered Office Address:				FES POLICE			
Suite A			_	AH IO: 09 AF STATE FLOREST			
Tallahassee	, F	_L 32301	_	· · · · · · · · · · · · · · · · · · ·			
If the limited liability company is not of the change or changes are made, the Flo agent will be identical. Or, in the case of was/were authorized by an affirmative the articles of organization or the opera	orida street address of a Florida limited livited livi	of the registered offic liability company, it of the limited liabili	te and the busine is hereby confirm ty company or as	ess office of the registered med that the change(s)			
/s/ Eric Zwerling		Eric Zwerlin	<u> </u>	Authorized Person			
Signature of a member or authorized represen			Printed or typed r	_			
I hereby accept the appointment as reg provisions of all statutes relative to the the obligations of my position as registe to merely reflect a change in the registe notified in writing of this change.	proper and complet ered agent as provid ered office address, i	gree to act in this cap e performance of my ed for in Chapter 60 I hereby confirm that	pacity. I further duties, and I am 5, F.S. Or, if thi the limited liab	agree to comply with the familiar with and accept is document is being filed ility company has been			
Signature of Registered Agent	Hart, Asst. Secretary						