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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future Email Address:

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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.

1. Na	ame of the limited liability company:			
2. (a)		í	b)	
. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	– `		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)
	7901 4th St N STE 300		7901 4th St	N STE 300
	St. Petersburg, FL 33702	_	St. Petersbi	urg, FL 33702
	02/25/19		M190000019	996
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	LEGALING CORPORATE SERVICES INC.			
,	Registered Agent and Registered Office shown on the records of the	he Floric	la Dept, of State	
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u></u>	
	476 RIVERSIDE AVE.			
	JACKSONVILLE FL	32202		
(b)	Northwest Registered Agent LLC			, i c
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office ac	idress:	
	7901 4th St N			
	NEW Registered Office Address:			
	STE 300			
	St. Petersburg . FL	33702		
the cha agent v was/was/wathe art	imited liability company is not organized under the law ange or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the light	the reg bility c Tthe lin imited	istered office ompany, it is nited liability	and the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in apany.
•	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obt to mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change. Taylor Newman - Assistant Sec	perforn för in ereby c	iance of my a Chapter 605.	futies, and Lam familiar with and accept . F.S. Or, if this document is being filed

Signature of Registered Agent