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To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name	•	REGISTERED AGENTS	INC.
Account Number	;	12009000081	
Phone	:	(307)200-2803	
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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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			EGISTERED AGENT CH			2022	
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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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.

(a)			(b)				
,	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		•	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	10/17/19		 M1	9000010	271		
	Date of filing/registration in Flo	orida 4		Documen	t number		
(a)	Cademartori, Eduardo						
(4)	Registered Agent and Registered Office shown or	the records of the Fl	orida Dept.	of State:			
	1201 HAYS STREET						
	Registered Office Address (MUST BE FLOR	IDA STREET ADDI	RESS)		\$# 5 S	20:	
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	TALLAHASSEE	<u>, FL</u> 323	301			2022 JAN 10	· * 7]
(b)	Northwest Registered		_			7	FILED
(0)	Enter name of NEW Registered Agent and/or N	EW Registered Offic	<u>ce address</u> :			, S	
	7901 4th St N				FLORIDA	5	
	NEW Registered Office Address:						
	STE 300	<u></u>					
	St. Petersburg	_{, FL} 33	702				
e cha ent v is/wi e art	imited liability company is not organized ange or changes are made, the Florida stre will be identical. Or, in the case of a Flor ere authorized by an affirmative vote of th icles of organization or the operating agre	et address of the ida limited liabili he members of the eement of the limi	registerec ty compare e limited l ted liabili	l office and the b ny, it is hereby c liability company ity company.	ousiness office onfirmed that t	of the r he char	egiste ige(s)
	ture of a member or authorized representative of a		Morga	n Noble			
ligna	ature of a member or authorized representative of a	member		Printed or	typed name of sig	nee	

provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been my field in writing of this change.

Tom Glover - Assistant Secretary ð tlove

Signature of Registered Agent

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