## MACOCOCOCOSSE

(Requestor's Name)					
(Address)					
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PICK-UP V	VAIT MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies Ce	ertificates of Status				
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Special Instructions to Filing Of	licer:				
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Office Use Only



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が バイン FD CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 529123 8289782

AUTHORIZATION :

COST LIMIT : \$25.0 ...

ORDER DATE : July 1, 2024

ORDER TIME : 2:43 PM

ORDER NO. : 529123-004

CUSTOMER NO: 8289782

\_\_\_\_\_\_

## CHANGE OF AGENT

NAME: PAYDAY LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Shauna Godbolt

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.

I. N	ame of the limited liability company: PAYDAY LLC			
2. (a)			(b)	
_, (,,,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		<u></u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	365 Edwin Dr		365 Edv	win Dr
	VIRGINIA BEACH, VA 23462		VIRGIN	IA BEACH, VA 23462
	01/02/2020		M200000	000886
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
	Registered Agent and Registered Office shown on the records of LYNN, WAYNE	f the Flori	da Dept. of St	ate:
	Registered Office Address	ADDRE.	SS)	<del></del>
	TAMPA F	. 33611		
(b)	(b)  Enter name of NEW Registered Agent and/or NEW Registered Office address:  Corporation Service Company		<u> </u>	
	NEW Registered Office Address:			
	1201 Hays Street			 
	Tallahassee, F	32301	——————————————————————————————————————	
change agent v was/w	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lister authorized by an affirmative vote of the members icles of organization or the operating agreement of the	iws of the registe iability of the light elimited	e State of F red office a company, it mited liabil liability co	and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in ompany.
	/ Wayne Lynn	<u> </u>	ayne Lynn,	Authorized Person
I here provisi the obl to mer	ture of a member or authorized representative of a member by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. It is writing of this change.	r perfori ed for in hereby (	nance of mi Chapter 60 confirm tha	Printed or typed name of signee pacity. I further agree to comply with the educes, and I am familiar with and accept 15, F.S. Or, if this document is being filed to the limited liability company has been Y. ASST. VICE PRESIDENT
Signatu	re of Registered Agent	OKAC	E E KIKD	L. ASST. VICE PRESIDENT