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## LLC REGISTERED AGENT CHANGE

## ACTBLUE, LLC

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AUG 2 2 2024

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August 20, 2024

FLORIDA DEPARTMENT OF STATE Division of Corporations

ACTBLUE, LLC 366 SUMMER STREET SOMERVILLE, MA 02144

SUBJECT: ACTBLUE, LLC REF: M20000006993

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

FAX Aud. #: H24000277674 Karen A Saly Regulatory Specialist II Letter Number: 124A00018521

## 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.

	ame of the limited liability company:  ACTBLUE, LLC  10 Post Office Square, 8th Floor South	Pf	) Box 962017	
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b)	(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
	Boston, MA 02109	ston, MA 02196		
	08/12/2020	M20	000006993	
3. 5. (a)	Date of filing/registration in Florida NORTHWEST REGISTERED AGENT	4.	Document number	
-/- 14)	Registered Agent and Registered Office shown on the records o 7901 4TH ST N., STE:300	t, of State:		
	Registered Office Address (MUST BE FLORIDA STREET	- <u> </u>		
	ST. PETERSBURG . F	L_33702	284 AUG 21 PALCAHAS	
(b)	Corporate Creations Network Inc.  Enter name of NEW Registered Agent and/or NEW Registere	TILE 21 A		
	801 US Highway 1	ELLED ALLANSSEEN MIN 13 ALLANSSEEN MIN 13		
	NEW Registered Office Address;			
	North Palm Beach , F	L.33408		
change agent v was/w	imited liability company is not organized under the la e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited I ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registered of lability compator of the limited	Tice and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in	
	Adia Myles	Adia My	les, Attorney-in-Fact	
Signa	ture of a member or authorized representative of a member	<del> </del>	Printed or typed name of signee	
provisi the obl to mer	hy accept the appointment as registered agent and ag ions 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, I d in writing of this change.	ree to act in the performance ed for in Chap hereby confir	his capacity. I further agree to comply with the of my duties, and I am familiar with and accept ster 605, F.S. Or, if this document is being filed m that the limited liability company has been	

Adia Myles, Speciał Secretary

Adia Mylss
Signature of Registred Agent