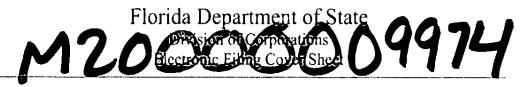
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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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

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC REGISTERED AGENT CHANGE RESPARK ACQUISITIONS, LLC

Certificate of Status	0
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## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJE	Respark Acquisitions, LLC		
0000		Name of Limited	Liability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered	l Office Change an	d fee(s) are submitted for filing.
Please	return all correspondence concernir	ng this matter to the	e following:
Mary C	Castillo		
	Name of Person		<del></del>
Registe	ered Agent Solutions, Inc.		
	Firm/Company		<u> </u>
Corpor	ate Center One, 5301 Southwest Pkwy,	Ste 400	
	Address		
Austin,	TX 78735		
	City/State and Zip Co	de	
E	-mail address: (to be used for future	e annual report noti	fication)
For fur	ther information concerning this ma	atter, please call:	
Mary C	Castillo	888 at (	705-7274
	Name of Person		Area Code & Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the follow	ving amount:	
	□ \$25 Filing Fee	<b>-</b> 5	S55 Filing Fee & Certified Copy
INHS18	3 (2/14)		

## 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.

. (a)	251 LITTLE FALLS DR	(b) _	51 LITTLE FALLS	DR	
, ,	Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)		•	ress of limited liability cor	
	WILMINGTON, DE 19808	<u>v</u>	ALMINGTON, DE		
	11/4/2020	 M2	0000009974		
	Date of filing/registration in Florida	4.	Documen	t number	
(a)	CORPORATION SERVICE COMPANY				
(4)	Registered Agent and Registered Office shown on the reco	rds of the Florida De	pt. of State:		
	Registered Office Address (MUST BE FLORIDA STR	REET ADDRESS)			
	TALLAHASSEE	_, FL_32301-252	5		
(h)	Registered Agent Solutions, Inc.			🔀	
(b)	Registered Agent Solutions, Inc.  Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regi</u>		<u>s</u> :	2824 OC	1-
(b)			<u>\$</u> :	2024 OCT 25	A PER
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regi</u>		<u>5</u> :	2824-0CT 29 P SALONE LARY O SALL ARRASSES	APPROVI
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regi</u> 2894 Remington Green Ln.		<u>5</u> :		AFPROVED AND FILED
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent and/or NEW Registered Agent and/or NEW</u>		<u>\$</u> :		APPROVED FILED
the li lange gent was/we	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent and/or NEW Registered Agent and/or <u>NEW Registered Agent and/or NEW Register</u></u>	FL 32308  The laws of the State of the registered of the limited person of the limited p	te of Florida, it is liffice and the busin	hereby confirmed that the char the char	stered ige(s)

<sub>/s/</sub> Benjamin Jones	Benjamin Jones	Manager	
Signature of a member or authorized representative of a member	Printed	or typed name of signee	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the 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 notified in writing of this change.

Marker Mackenzie Hibler, Asst. Secretary Signature of Registered Agent