## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : 120160000048 Phone : (800)345-4647 Fax Number : (800)432-3622

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Email Address:\_

## LLC REGISTERED AGENT CHANGE CONSUMER PROTECTION DIRECT, LLC

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\$25.00

AUG 27 2021

A. LUNT

Help

## M15000005954

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

4,,,,	ts the following statement in order to change its national in the consumer of the Limited Liability Company:	R PRO	TECTION	DIRECT, LLC	
. 1400	Exe of the Funited Flacinty Company;				
. (a)	770 SPIRIT OF ST LOUIS BLVD	(t	) 770 SP	IRIT OF ST LOUIS E	BLVD
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of hmited liabil (Note: MAY BE POST OFF	
	CHESTERFIELD, MO 63005		CHEST	ERFIELD, MO 63005	5
	6/29/2021		M2100	0008304	
	Date of filing/registration in Florida	4.	<del></del>	Document number	
. (a)	CORPORATION SERVICE COMPANY Registered Agent and Registered Office shown on the records o  1201 HAYS STREET			- e:	~
	Registered Office Address	ADDRESS	2		021
				-	2021 AUG
	TALLAHASSEE ,F	. 3230 <sup>-</sup>	1	-	326
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the liu e char ent w ss/weg e article signatur enerel enerel	Capitol Corporate Services, Inc.  Enter name of NEW Registered Ascent and by NEW Registere  515 East Park Avenue 2nd Fl  NEW Registered Office Address  Tallahassee  File In the Case of a Florida street address of a florida in the lamage or changes from made, the Florida street address of all be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of a proper and complete the appointment as registered agent and agents of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address. It in writing of this change.	32301 ws of the fishelity coof the limited lim	State of Flotered office mpany, it is ted liability ability comme of my a hapter 605, offirm that is	and the business office of thereby confirmed that the company or as otherwise pany.  Printed or typed name of signer city. I further agree to contains, and I am familiar w. F.S. Or, if this document he limited liability company.	ad that after the registers change(s) provided in
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