M22000011659

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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ECRETARY LAHASSEELFLORK **BANGER**





115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	07/11/2024					
	Patrice Rush					
	2406422					
	LITTLE P	HOLDINGS, LLC				
	s of Incorporation/Authorizatio					
Amend	dment					
✓ Change of Agent						
Reinst	atement					
Conversion						
☐ Merger						
☐ Dissolution/Withdrawal						
☐ Fictitio	ous Name					
Other_						
Authorized A	mount: \$25.00					
Signature:	(Pastll					

F: 800.944.6607



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. Na	me of the limited liability company: LITTLE I	P HOLDING	GS, LLC
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	No Change	No Cha	ange
	July 26, 2022		M22000011659
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	CORPORATION SERVICE COMPANY		
(,,,	Registered Agent and Registered Office shown on the records of	the Florida Dept. of St	iate:
	1201 HAYS STREET		- F2
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	— 2024 — 311
	TALLAHASSEE, FI.	32301-2525	
(b)	COGENCY GLOBAL INC.		AH 10: 13
(.,)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	
	115 North Calhoun St., Suite 4		
	NEW Registered Office Address:		
	Tallahaana	22201	
	Tallahassee	32301	_
the cha agent v was/we the arti	imited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the Peter W. May	the registered offi ability company, it of the limited liabil	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.
	ture of a member or authorized representative of a member		Printed or typed name of signee
I here provisi the obi to mer notifie	by accept the appointment as registered agent and agreens 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 mixing of this change.	vee to act in this ca performance of m d for in Chapter 6 hereby confirm the	pacity. I further agree to comply with the y duties, and I am familiar with and accep 05, F.S. Or, if this document is being filed a the limited liability company has been
	m Mayville re of Registered Agent		

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

Tim Mayville, Assistant Secretary