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.

(((H24000194924 3)))



H240001949243ABC2

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To:

Division of Corporations

Fax Number

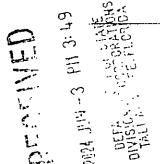
: (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 : (888)706-7274 Fax Number

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



LLC REGISTERED AGENT CHANGE INSIDE[466] LLC

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COVER LETTER

TO: Registration Section Division of Corporations		
Inside[466] LLC SUBJECT:		
	Name of Limited	Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Register	red Office Change ar	nd fee(s) are submitted for filing.
Please return all correspondence concern	ning this matter to th	e following:
Mary Castillo		
Name of Person	n	
Registered Agent Solutions, Inc.		
Firm/Company		
Corporate Center One, 5301 Southwest Pkv	vy. Ste 400	
Address		 -
Austin, TX 78735		
City/State and Zip	Code	
E-mail address: (to be used for fut	ure annual report not	ification)
For further information concerning this	matter, please call:	
Mary Castillo	888 at (705-7274
Name of Person	w: \	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, 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 fol	lowing amount:	
□ \$25 Filing Fee		\$55 Filing Fee & Certified Copy
INHS18 (2/14)		

H24000194924 3

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.

1. Na	me of the limited liability company: INSIDE[466]	וננס	<u> </u>	
2. (a)	58 VANDERBILT AVE APT. 6L		(b)	58 VANDERBILT AVE APT. 6L
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		_ (%).	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	BROOKLYN, NY 11205			BROOKLYN, NY 11205
	09/26/2022			M22000014888
3.	Date of filing/registration in Florida		4.	Document number
5. (a)	AGENTO CORPORATE SERV Registered Agent and Registered Office shown on the record Registered Office Address (MUST BE FLORIDA STRE	s of t	he Florida D	ept. of State:
	_3458 LAKESHORE DRIVE			
	TALLAHASSEE	. FL	323	12 $\frac{\sqrt[3]{3}}{\sqrt[3]{3}}$ $\frac{1}{2}$
(b)	Registerd Agent Solutions, Inc. Enter name of NEW Registered Agent and/or NEW Registered	ered	Office addr	12 PH 1:51
	NEW Registered Office Address:			
	2894 Remington Green Lane, Ste	Α		
	Tallahassee	FL_	32308	
change agent w was/we	mited liability company is not organized under the or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the membeles of organization or the operating agreement of the oper	the r I liab rs of	egistered of the composition of	pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in
<u>/s/</u> [Desiree Warner		Des	iree Warner
I hereb provision the abit to more nougled	are of a member or authorized representative of a member of accept the appointment as registered agent and the solid statutes relative to the proper and complete to the proper and com	agre ete p ided I hä	e to act in erformand for in Cha creby confi	Printed or typed name of signee this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept pter 605, F.S. Or, if this document is being filed rm that the limited liability company has been

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