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From: Registered Agents Inc.

Fax: 8134365206

Division of Corporations

Elorida Department of State

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Division of Corporations

Fax Number : (850)617-6383

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Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Fax Number : (813)436-5206

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LLC REGISTERED AGENT CHANGE CANNONDALE FINANCIAL LLC

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12/3/2023 05-07:23 PST To. 18506176383 Page: 2/2 From: Registered Agents Inc Fax: 8134365206

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	une of the limited liability company:	cial LLC	; 	· · · · · · · · · · · · · · · · · · ·
2. (a	ı)		í	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)
		01/12/23	_	M23000000	
3.		Date of filing/registration in Florida	4.		Document number
5. (ឧ)	PARACORP INCORPORATED			
		Registered Agent and Registered Office shown on the records of the	te:		
		155 OFFICE PLAZA DR., 1ST FLOOR			_
		Registered Office Address (MUST BE FLORIDA STREET A			
		TALLAHASSEE , FL	32301		2023 DEC
(b)	Registered Agents Inc Enter name of NEW Registered Agent and/or NEW Registered 6	- 6 CENTER OF THE PERSON OF TH			
	7901 4th St N	PH 2: 1			
		NEW Registered Office Address:	- ယ		
		STE 300	_		
		St. Petersburg , FL	33702		_
the c agen was/	ha t v	imited liability company is not organized under the lawinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the reg bility c I the lii	istered offic company, it nited liabili	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
		Roter gerry	Rot	oin Jones	
_		ture of a member or authorized representative of a member			Printed or typed name of signee
provi the o to me notifi	isi bl re ico	by accept the appointment as registered agent and agro ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. I he I in writing of this change.	erforn for in	nance of my Chapter 60	duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed
		Avid Caretts David Roberts - Assistant Sec	cretary		
Signa	itu	re of Registered Agent			