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Division of Corporations



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

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

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LLC REGISTERED AGENT CHANGE SOGO US, LLC

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SEP 1 2 2023

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 Statues, 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. N	ame of the limited liability company: Sogo US, LLC		
2. (a)		(b)	- <u>-</u>
	Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited hability company: (Note: MAY BE POST OFFICE BOX)
	12/21/22	M230000	
3.	Date of filing/registration in Florida	4.	Document number
5. (a	CT CORPORATION SYSTEM		
	Registered Agent and Registered Office shown on the records of	the Florida Dept. of S	tate
	1200 S PINE ISLAND RD		
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	
	PLANTATION	33324	
(h)	Northwest Registered Agent LLC		APPRO AR FILL 2023 SEP 11
	Enter name of NEW Registered Agent and or NEW Registered	Office address;	
	7901 ฝth St N		T RESTE
	NEW Registered Office Address:		# 2:
	STE 300	 -	
	St. Petersburg, F1.	33702	· -
the chagent was/w the art	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registered off ability company, i of the limited habi innited hability o	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.
	dure of a member of authorized representative of a member	Nat Smith	Printed or typed name of signee
Signa	ntine of a member of authorized representative of a member	 ,	Printed or typed name of signee
provis the ob to mer notific	thy accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided elverfleet a change in the registered office address, if it writing of this change. Taylor Newman - Assistant Serve of Registered Agent	we to act in this co performance of m d for in Chapter 6 hereby confirm the	macity. I further agree to comply with the -