

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.

(((H23000208586 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (954)208-0845 Fax Number : (614)573-3996

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

Email Address:_

LLC REGISTERED AGENT CHANGE ACCELEBRATE, LLC

Certificate of Status	0
Certified Copy	I
Page Count	02
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

T. LEMIEUX Help JUN 1 2 2023 To:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY $\qquad \qquad \blacktriangleright$

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. No	ame of the limited liability company: ACCELEBRATI	E, ULC	·
2. (a)	925B PEACHTREE ST. NE	ACHTREE ST. NE	
 ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: <u>(Note: MAY BE POST OFFICE BOX)</u>
	PMB 378	PMB 378	R
	ATLANTA, GA 30309-3918	ATLAN	TA, GA 30309-3918
	02/09/2023	M2300000	01745
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	CORPORATION SERVICE COMPANY		
2. (u)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of St	nie.
	1201 HAYS STREET		
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	
	TALLAHASSEE , FI	32301-2525	
(b)	C T Corporation System		- 25 23 2-
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	<u>-</u>
			ာ
			
	NEW Registered Office Address:		
	1200 South Pine Island Road		
	Plantation , FL	33324	
ica v			
the cha agent w was/we	mited liability company is not organized under the lay nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited his are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	f the registered office ability company, it of the limited liabili	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
	ure of a member of authorized representative of a member	JOE DAVIS, M	• •
Signat	ure of a member of authorized representative of a member		Printed or typed name of signee
provisi the obli to mere notified	by accept the appointment as registered agent and aging ons of all stantes relative to the proper and complete igations of my position as registered agent as provide the reflect a change in the registered office address, L. Lin writing of this change. C. T. Corporation System L. EMFROX ASSIANT SOPETARY	ree to act in this ca performance of my of for in Chapter 60 hereby confirm tha	pacity. I further agree to comply with the y duties, and I am familiar with and accept 95, F.S. Or, if this document is being filed t the limited liability company has been