Division of Corporations



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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

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

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LLC REGISTERED AGENT CHANGE GREENWELL COMMERCE, LLC

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605,0114 or 605,0115, Florida Statutes, the undersigned limited hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

. Na	une of the limited liability company	ELL COMMERCE, LLC	
. (a)	Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	02/06/23		00001804
	Date of filing/registration in Florida	4.	Document number
(a)	PAREDES, LUIS		
,,	Registered Agent and Registered Office shown on the rece 630 ALMERIA AVE	ords of the Florida Dept, o	of State.
	Registered Office Audress (MUNI BE FLORIDA STE	REET ADDRESS)	
	CORAL GABLES	FL 33134	
(b)	Registered Agents Inc		20
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regi</u>	istered Office address:	2023 SEP
	7901 4th St N		
	NEW Registered Office Address:		—————————————————————————————————————
	STE 300		P# 0 V
	St. Petersburg	33702 FT	<u></u> <u></u> <u></u> <u></u>
e cha ent w as/we e arti	imited liability company is not organized under tange or changes are made, the Florida street addrivill be identical. Or, in the case of a Florida limitere authorized by an affirmative vote of the memores of organization or the operating agreement of	ess of the registered (ited liability company ibers of the limited lia	office and the business office of the registere y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
	ture of a member or authorized representative of a member	Robin Jones	
herel ovisi e obli mere	ture of a member or authorized representative of a member by accept the appointment as registered agent ar ons of all statutes relative to the proper and com- igations of my position as registered agent as pr Iv reflect a change in the registered office addre I'm writing of this change.	iplete performance o ovided för in Chapte	of my duties, and I am familiar with and accept fr 605, F.S. Or, if this document is being files

Signature of Registered Agent