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.

(((H24000076832 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)617-6380

From:

Account Name

: MYLLC.COM, INC.

Account Number : I20130000077

Phone

(888)885-9552

Fax Number

: (888)776-9552

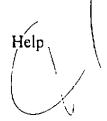
Enter the email address for this business entity to be used for fut annual report mailings. Enter only one email address please.

REGISTERED AGENT CHANGE

THE CENTER FOR SPECIAL NEEDS TRUST ADMINISTRATION, I

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu



COVER LETTER

Amendment Section Division of Corporations TO:

SUBJECT: THE CENTER FOR SPECIAL NEEDS TRUST ADMINISTRATION, IN Name of Corporation	
DOCUMENT NUMBER: N00000008096	
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for fili	ing.
Please return all correspondence concerning this matter to the following:	-
Courtni Goff	2024 FEB 27
Name of Contact Person	
MyLLC.com, Inc.	→ N N N N N N N N N N N N N N N N N N N
Firm/Company	
1910 Thomes Ave	500 = 11
Address	M 8: 43
Cheyenne, WY 82001	
City/State and Zip Code	
compliance@myllc.com	į ·
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Courtni Goff on behalf of MyLLC.com, Inc. at 888-886-9552	
Name of Contact Person Area Code & Daytime Teleph	one Number
Enclosed is a \$35,00 check made payable to the Department of State.	

Malling Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0. mge is submitted for a corpo	ration organized	under the laws of the State	e of
1. The name of t	r to change its registered off	TER FOR SPE	CIAL NEEDS TRUST A	DMINISTRATION, INC
2. The principal	office address:			
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification:	12/08/2000	_ Document number:	N00000008096
5. The name and Florida Depar	I street address of the current timent of State: (If resigned,	t registered ageni enter resigned)	and registered office on fil	2024 FEB
	STAUNTON, JOHN ES	Q.		AL I
	3000 Gulf To Bay Blvd	Ste 102		<i>≚</i> : ∼
	Clearwater, FL 33759			<u>ہے</u> ا
6. The name and (if changed):	street address of the new re			F944 co
	InCorp Services, Inc.			<u></u>
	3458 Lakeshore Drive			
		P.O Box NO	Facceptable	•
	Tallahassee, FL 32312			
The street addresses changed will	ss of its registered office an be identical.	d the street addi	ess of the business office	of its registered agent,
Such change wa authorized by th	s authorized by resolution of e opard, or the corporation	iuly adopted by has been notifie	its board of directors or by d in writing of the change.	y an officer so
Muhil	& Jany		ichelle Diebert, Preside	
	e of an officer or director		Printed or typed name	
l hereby accept if further agree to of my duties, and document is being corporation has	the appointment as register o comply with the provision of I am familiar with and act of filed merely to reflect a c been notified in writing of t	ed agent and ag is of all statutes cept the obligati change in the reg this change.	ree to act in this capacity, relative to the proper and on of my position as regist istered office address, I h	complete performance tered agent. Or, if this ereby confirm that the
المنتخب المستناء	1		02/07/20	24
Sign	stute of Registered Agent		Date	
f signing on beh	nalf of an entity:			
Louise Breytenbac	th on behalf of InCorp Services,	Inc.		
T\.	ned or Original Name			

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)