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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number

: (855)330-1010

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

_				
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## REGISTERED AGENT CHANGE L.D.M. WORLDWIDE CORP.

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Corporate Filing Menu

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

statement of ch	ange is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florido a organized under the laws of the State of registered agent, or both, in the State of	Florida	this	<del>-</del>
1. The name of	the corporation: L.D.M. WORLDW	IDE CORP.			
2. The principal Vashon WA	office address: 17147 Vashon Hw	y ST A			
3. The mailing a	address (if different): P.O. Box 408 A 98070				
4. Date of incor	poration/qualification: 11/04/02	Document number: P02000	118341		
	d street address of the current regis rtment of State: (If resigned, enter	stered agent and registered office on file versigned)	with the		
	LAWRENCE MEYER		_		
	9240 SW 66 ST				
	MIAMI, FL 33173		_		
6. The name and (if changed):	d street address of the new register	ed agent (if changed) and /or registered o	ffice	2021	
	Northwest Registered A	Agent LLC	_		
	7901 4th St N STE 300		. E. S.	PH	3 8
	P.O. Box NOT acceptable			1:4:	-
	St. Petersburg FL 3370	2	_ H	61	
The street address changed will	ess of its registered office and the be identical.	street address of the business office of i	ts register	red age:	nt,
Such change was authorized by the	as authorized by resolution duly ac ne board, or the corporation has be	dopted by its board of directors or by an een notified in writing of the change.	officer se	o	
LAUREN	CE MEYER	LAWRENCE MEYER, DCEO			_
i juriner agree . performance of	to comply with the provisions of a my duties, and I am familiar with	Printed or typed name and to ent and agree to act in this capacity. Il statutes relative to the proper and cor and accept the obligation of my positio to reflect a change in the registered offic ified in writing of this change.	nplete	stered s, 1	
lon	Glove	04/17/2021			
-	nature of Registered Agent	Date			
	half of an entity:				
Tom Glove					
• 1	yped or Printed Name  ***FILIN	G FEE: \$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)