To:

Division of Corporations

Florida Department of State Division of Corporations

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.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

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 **HIGETHERS LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
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Help

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	ECT: IIGETHERS LLC		
,		e of Limited L	ability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Offi	ce Change and	fee(s) are submitted for filing.
Please	return all correspondence concerning thi	s matter to the	following:
Mike	Town		
	Name of Person		_
Legal	Izoom.com. Inc.		
	Firm/Company		
9900	Spectrum Dr		
	Address		
Austir	n, TX 78717		
	City/State and Zip Code		
iigeth	ers@gmail.com		
Е	-mail address: (to be used for future ann	ual report notif	ication)
For fur	ther information concerning this matter,	please call:	
Mike	Town	800 _ at (773-0888 ext 9724
-	Name of Person	- \	Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Hahassee, Florida 32314
	Enclosed is a check for the following	amount:	
	☐ \$25 Filing Fee	□ \$5	55 Filing Fee & Certified Copy
INHSIS	8 (2/14)		

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

Pursuant to the provisions of sections 695.0114 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.

(4)	Principal office address of limited liability company:	(1	(b)
	(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BON)
	10550 BAYMEADOWS RD UNIT 312		10550 BAYMEADOWS RD UNIT 312
	JACKSONVILLE, FL 32256	_	JACKSONVILLE, FL 32256
	01/08/2025		L25000016396
	Date of filing/registration in Florida	4.	Document number
(a)			
(-)	Registered Agent and Registered Office shown on the records of		
	UNITED STATES CORPORATION AGENT	S, INC	<u> </u>
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES.	<u>ss</u>
	476 RIVERSIDE AVE.		
	JACKSONVILLE	32202	2
(b)	Enter name of NEW Registered Agent and/or NEW Registered	LOGos no	F1L SFORTLAND AN 27
	Finel name of 151,55 Registered Agent and of 151,55 Registered	i Cinice au	<u> </u>
	LAURA M GETHERS		規制 FE
	NEW Registered Office Address:	4	mo _ m
	10550 BAYMEADOWS RD UNIT 312		
	JACKSONVILLEFI	32256	등교 🗲
	AMARIO INVITT	JEZJU	J

/S/ ANDRE A GETHERS

ANDRE A GETHERS

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

/S/ LAURA M GETHERS

LAURA M GETHERS

Signature of Registered Agent