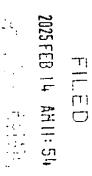
(5)				
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Considerations to Ellins Officer				
Special Instructions to Filing Officer:				
J. HORNE				
FEB 1 / 2025				
, <u>-</u>				

Office Use Only



400442646344



RECEIVED

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 02/14/2025	_ .		#WALK IN#
ENTITY NAME Web	Commerce Partners,	LLC	
DOCUMENT NUMBE	R		
	PLEASE FILE 1	THE ATTACHED AND RETURN	
xxxxxxxx	Plain Copy		
	Certified Copy		
	Certificate of Status	,	
	Certified Copy of Ar Certificate of Good S		
	APOSTILLE'/	NOTARIAL CERTIFICATION	
COUNTRY OF DESTIN	IATION		
NUMBER OF CERTIFI	CATES REQUESTED		
TOTAL OWED \$25.00		ACCOUNT #: I20160000	0072
		S R FM	
Please call Tina at	the above number for	r any issues or concerns. Thank you	a so much!

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

Pursuant to the provisions of sections 605.0114 or 605.0116. 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.

1. Na	me of the limited liability company: Web Commerce P	artners.	LLC	
2. (a)		(b)	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	5445 HANGAR COURT		5445 HA	NGAR COURT
	TAMPA, FL 33634		ТАМРА	. FL 33634
	3/7/2005		L250000-	41667
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Paul A. Pułco			
5. (a)	Registered Agent and Registered Office shown on the records of t	he Florid	a Dept. of St	ate:
	Paul A. Puleo			سي
	Registered Office Address	DDRES	<u>S)</u>	0251
	5445 Hangar Court			- E T
	Tampa, FL , FL	33634		
	C T Corporation System	•		
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office ac	ldress:	2025 FEB 14 AH 11: 54
	C T Corporation System			
	NEW Registered Office Address:			
	1200 South Pine Island Road			
	Plantation . FL	33324		
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	register bility co f the lin	ed office a ompany, it nited liabil	ind the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
	ur let	Aid	a Dragovic	
_	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obl to mer	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change	re to ac perform for in (ereby c	t in this ca ance of my Chapter 60 onfirm tha	pacity. I further agree to comply with the valuties, and I am familiar with and accept 15, F.S. Or, if this document is being filed to the limited liability company has been
	t'in writing of this change. Staphania Picco			
Signatu	re of Registered Agent			