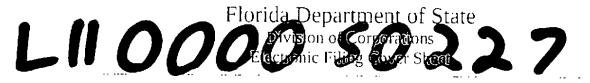
Division of Corporations



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(((H24000076639 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

Phone

Fax Number : (813)436-5206

* ∰nter the ema	il address f	or this bu	isiness entit	y to be ι	used for future
annual rep	port mailing:	s. Enter o	nly one email	address	used for future please.**

LLC REGISTERED AGENT CHANGE MABAAY ASSOCIATES, LLC

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2/27/2024 06 45:39 PST To 18506176383 Page: 2/2 Fax: 8134365206

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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of

Ni	une of the limited liability company.	01/11/10/, 220					
(a)	(b)						
	Principal office address of fimited fiability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company (<u>Note: MAY BE POST OFFICE BON</u>)				
	04/27/11	L110	000050227				
	Date of filing/registration in Florida	4.	Document number				
(a)	RT CORPORATE SERVICES LLC						
()	Registered Agent and Registered Office shown on the records of	I the Florida Dep	t, of State.				
	2407 PERIWINKLE WAY SUITE 6						
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	·· -				
	SUITE 203						
	SANIBEL	33957	2021				
thi	Northwest Registered Agent LLC		2024 FEB 27 AH SECTALLAHASSE				
,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office address					
	7901 4th St N		AHII: 45				
NEW Registered Office Address:			TP -				
	STE 300						
	St. Petersburg FI	33702					
e cha ent w is/we	mited liability company is not organized under the la nge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li are authorized by an affirmative vote of the members of thes of organization or the operating agreement of the	f the registered lability compa of the limited	d office and the business office of the regis- my, it is hereby confirmed that the change(s liability company or as otherwise provided				
	ACATES NOTES	Nat Smith					
	ure of a member or authorized representative of a member		Printed or typed name of signee				

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.

Taylor Newman Assistance

Signature of Registered Agent