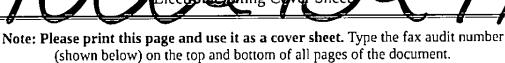
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Division of Corporations



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Fax Number

: (850)617-6383

From:

: REGISTERED AGENTS INC. Account Name

Account Number : 120090000081 Phone : (307)200-2803

Fax Number : (813)436-5206

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LLC REGISTERED AGENT CHANGE ARKINA HOLDINGS LLC

Certificate of Status	0
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Mar 07, 2025 11:30 - - . To: +18506176383 Page: 2/2 Fax: 18134365206

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.

. Na	ame of the limited liability company: ARKINA HOLDII	NGS	LLC			
2. (a)	7901 4th St N STE 300		(b) 7901 4th S	St N STE 300		
. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	St. Petersburg, FL 33702		St. Petersb	ourg. FL 33702		
	10/17/2017		L170002152	241		
١,	Date of filing/registration in Florida	4.		Document number		
i. (a)	JEEVES HOLIDAY HOMES					
. (a)	Registered Agent and Registered Office shown on the records of					
	7978 LAKE WILSON RD					
	Registered Office Address (MUST BE FLORIDA STREET)	THE THE				
	DAVENPORT, FL	33896		TILEU 2: 53		
(b)	REGISTERED AGENTS INC	1.53				
` /	Enter name of NEW Registered Agent and/or NEW Registered					
	7901 4TH ST N					
	NEW Registered Office Address:					
	STE 300					
	ST. PETERSBURG , FL	3370	2			
change igent v was/we he arti Ra-	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 liagree authorized by an affirmative vote of the members of cless of organization or the operating agreement of the law further than the content of a member or authorized representative of a member	regis ability of the limite	tered office and company, it is limited liability ed liability comp Robin Jones	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in		
_		ina to				
rovisi he obl o mer	hy accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I I d in writing of this change.	ee to perfo d for i hereb	act in this capa rmance of my d in Chapter 605, y confirm that th	city. I further agree to trompty with the uties, and I am familiar with and accept F.S. Or, if this document is heing filed the limited liahility company has heen		
<u>. ري </u>	vid Coerts David Roberts					
Signatu	ire of Registered Agent					