3/14/25, 11:54 AM

Division of Corporations



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To:

Division of Corporations

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: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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Mar 14, 2025 09:56 . 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.

1. Na	nme of the limited liability company:	; 		
2. (a)	7901 4th St N	(b) 7901 4th St N		
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)	Mailing address of limited liability company: (Note: MAY RE POST OFFICE BOX)	
	STE 300	STE 3	300	
	St. Petersburg FL 33702	St. Petersburg FL 33702		
	07/12/18	L18000	168014	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	FERNANDEZ, MICHAEL E			
J. (a)	Registered Agent and Registered Office shown on the records of the	he Florida Dept. o	f State:	
	888 BISCAYNE BLVD			
	Registered Office Address (MUST BE FLORIDA STREET A			
	Apt 3804			
	MIAMI .FL	33132	2022	
41.	Northwest Registered Agent LLC		E1L 2025 MAR 14	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	— FIL		
	7901 4th St N		E D	
	NEW Registered Office Address:			
	STE 300		6 6	
	St. Petersburg	33702		
the cha agent v was/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of 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	the registered of bility company f the limited lia	office and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in	
Signat	ture of a member or authorized representative of a member		Printed or typed name of signee	
I herei provisi the obl to mere	by accept the appointment as registered agent and agree 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 h I in writing of this change. Taylor Newman Assistant Se	performance of I for in Chapter ereby confirm	capacity. I further agree to comply with the	
Signatur	re of Revistered Agent	•		