## Rlogida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (855)330-1010

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2021 MAR 24

## LLC REGISTERED AGENT CHANGE QUEEN OF JUDAH LLC

Certificate of Status	0		
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## 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 Na	une of the limited liability company: Queen of	Juda	ah LLC			
		3851 NW 3RD TERR	(h)	РО ВОХ	( 936362		
۷.	(a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (0)	Ma	ailing address of limited lia (Note: MAY BE POST O		
		POMPANO BEACH, FL 33064	_	Margate	, FL 33093-636	2	
			-				<u> </u>
		01/06/2020	1	_200000	12317		
3.		Date of filing/registration in Florida	4.	[	Document number		
5	(a)	UNITED STATES CORPORATION AGENTS	, INC.				
J,	(a)	Registered Agent and Registered Office shown on the records of th	e Florida	Dept. of State:			
		5575 S. SEMORAN BLVD.					
		Registered Office Address (MUST BE FLORIDA STREET AI	<u>DDRESS</u>	<u> </u>			
		36			errind.	63	
		ORLANDO ELS	32822	•		21	
	(b)	Registered Agents Inc.  Enter name of NEW Registered Agent and/or NEW Registered Company (NEW Registered Company)	Office add	lress:		MAR 24	
		7901 4th St N	···		<b>港</b>	위 : 06 : 08	<b>9</b>
		NEW Registered Office Address:				8	
		STE 300			e T		
		St. Petersburg, FL	33702	) -			
th ag w	ie ch gent ias/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cicles of organization or the operating agreement of the limited liabers.	the regine the ling of the limited lim	ompany, it is ited liability iability com	hereby confirmed that company or as other	t the ch	ange(s)
_		ature of a member of authorized representative of a member	Rile	ey Park	Printed or typed name of	signee	
,	J	the second the manning and agreed agent and agree	ee to ac	in this cana	icity I further agree	o conv	ly with the
P H to	rovis 1e ob 1 met	spy accept the appointment as registered agent and agree it in a specific solution of all statutes relative to the proper and complete poligations of my position as registered agent as provided rely reflect a change in the registered office address, I have a specific solutions of this change.  Bill Havre - Assistant	perjorni I for in ( ereby c	ance of my a Chapter 605, onfirm that t	. F.S. Or. if this docu	ment is	being filed

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent