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	Division of Corporations fax Number : (850)617-6383 : Account Name : REGISTERED AGENTS INC. Account Number : 120090000081 Phone : (307)200-2803 fax Number : (855)330-1010 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: LLC REGISTERED AGENT CHANGE	ax Number : (850)617-6383 Account Name : REGISTERED AGENTS INC. Account Number : (20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. Email Address: Email Address:

AS GASTRO LOC PLLC

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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. Name of	the limited liability company: AS Gastro	ro Loc PLLC
	SW ARCHER RD	(b) 2370 SW ARCHER RD
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
APT	17	APT 17
GAI	NESVILLE, FL 32608	GAINESVILLE, FL 32608
04/02	2/2021	L21000153104
3.	Date of filing/registration in Florida	4. Document number
5. (a) <u>U</u> NIT	TED STATES CORPORATION AGENTS	S, INC.
	red Agent and Registered Office shown on the records of t	the Florida Dept. of State:
557	5 S. SEMORAN BLVD.	For Electrical Control of the Contro
Registe	ered Office Address (MUST BE FLORIDA STREET A	ADDRESS)
SUI	TE 36	
ORI	LANDO, FL	32822 SST 9 P
(0)	gistered Agents Inc.	32822 30ffice address:
Enter n	name of NEW Registered Agent and/or NEW Registered	TOTIRE AUGIESS.
790	01 4th St N	
NEW	Registered Office Address:	
STE	E 300	
St.	Petersburg	_33702
the change or agent will be was/were autl	changes are made, the Florida street address of identical. Or, in the case of a Florida limited lia	
<u> Kilu</u>	tack	Riley Park
•	member or authorized representative of a member	Printed or typed name of signee
provisions of the obligation to merely refl notified in syr	all statutes relative to the proper and complete us of my position as registered agent as provided lect a change in the registered office address, I liting of this change.	ree to act in this capacity. I further agree to comply with the eperformance of my duties, and I am familiar with and accepted for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been at Secretary

Signature of Registered Agent