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To:

Division of Corporations

Fax Number : (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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LLC REGISTERED AGENT CHANGE 2025 N DIXIE HWY LLC

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11/1/2023 10.42 46 PD7 To: 18506176383 Page: 2/2 From Registered Agents Inc. 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 Florida.

L. No	ane of the limited liability company:	/Y LLC			
2. (a)		(b)			
	Principal office address of limited hability company; (Note: MUST BE STREET ADDRESS)	-	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	10/14/2021	L21000	0448931		
3.	Date of filing/registration in Florida	4,	Document number		
5 (a)	CT CORPORATION SYSTEM				
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
	1200 SOUTH PINE ISLAND ROAD		MA.		
	Registered Office Address <u>IMUST BE F LORIDA STREE T</u>	ADDRESS)			
	PLANTATION	33324			
	Northwest Registered Agent LLC		· —		
(p)	Enter name of NEW Registered Agent and/or NEW Registered	l Office address:			
		<u> </u>	コ		
	7901 4th St N				
	NEW Registered Office Address:				
	STE 300				
	St. Petersburg	33702			
the cha agent was/we he arti	mited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited line authorized by an affirmative vote of the members of the organization or the operating agreement of the	f the registered of ability company of the limited lia	office and the business office of the registered this hereby confirmed that the change(s) ability company or as otherwise provided in		
	ure of a member or authorized representative of a member		Printed or typed name of signee		
movisu he obli o mere	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address, I in writing of this change.	performance of d for in Chapter hereby confirm	canacity I further sures to sounds with the		
Sion du	Taylor Newman - Assistant S	ecretary			