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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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## LLC REGISTERED AGENT CHANGE INDEFINITE WATCHES LLC

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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	me of the limited liability company: INDEFINITE	WATCH	IES LLC			
2. (a)	(b)					
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	7901 4th St N STE 300		7901 4th St N STE 300			
	St. Petersburg, FL 33702		St. Petersburg, FL 33702			
	03/01/2022		L220001	.05189		
3.	Date of filing/registration in Florida	4.		Document numb	er	
5. (a)	LEGALING CORPORATE SERVICES INC Registered Agent and Registered Office shown on the records of 476 RIVERSIDE AVE.	f the Florida		- v: -		
	Acksonville , F					
(b)	Northwest Registered Agent LLC  Enter name of NEW Registered Agent and/or NEW Registered  7901 4th St N	d Office add	<u>ress</u> :			
	NEW Registered Office Address:			<b>4.</b> .		
	STE 300				2023	
	St. Petersburg , F	<sub>L_</sub> 33702			2023 HAD 2	
the cha agent v was/wo	imited liability company is not organized under the lange or changes are made, the Florida street address civil be identical. Or, in the case of a Florida limited lare authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the regis iability co: of the limi	tered office mpany, it is ted liability	e and the business s hereby confirms y company or a <u>s</u> c	officeof the registered that the change(s)	
/ /	ture of a member or authorized representative of a member	Nat	Smith	Printed or typed nar	no of cianus	
I herel provisi the obl to mere	by accept the appointment as registered agent and accept the appointment as registered agent and accept ons of all statutes relative to the proper and complet igations of my position as registered agent as providely reflect a change in the registered office address, I if myriting of this change.	gree to act e performa ed for in C Thereby co	in this cape ince of my d hapter 605 nfirm that i	acity - I further ac	aree to comply with the	
Xignatu	Taylor Newman - Assistant Secreta	гу				

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