Division of Corporations



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Division of Corporations

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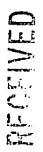
From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

Fax Number : (813)436-5206



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AM	ರ್ಷ್ಟ್ರಿಕ್ಷmail Address:
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1	조중국 LLC
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the email address for this business entity to be used for future nual report mailings. Enter only one email address please.**

LLC REGISTERED AGENT CHANGE 4674 CRESTPOINT WAY, LLC

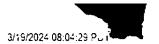
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605,0114 or 605,0116, Florida Standes, 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.

2. (a)		(b)			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	(b)		
	5563 Trevesta PI	5563 Trevesta PI			
	Palmetto, FL 34221		Palmetto, FL 34221		
	08/31/22	L2 2 0	00379333		
3.	Date of filing/registration in Florida	4.	Document number		
5. (n)	, FLP RA SERVICES LLC				
	Registered Agent and Registered Office shown on the records o		A Commence		
	360 CENTRAL AVE	P24 M			
	Registered Office Address	'ADDRESS)	2024 MAR 19		
	SUITE 800				
	SAINT PETERSBURG	L 33701	MAR 19 PH 12		
(h)	Northwest Registered Agent LLC Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	FC # 04			
	7901 4th St N				
	NEW Registered Office Address:				
	STE 300				
	St. Petersburg	33702 I.			
he ch igent was/v	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited la ere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	If the registered lability compa of the limited e limited liabil	d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.		
e:	ature of a member or authorized representative of a member	Nat Smith	Printed or typed name of signee		
I here provi: he ob o me:	why accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I way in writing of this change.	ree to act in the e performance ed for in Chap hereby confir.	his capacity. I further agree to comply with the of my duties, and I am familiar with and accen		
nonn					