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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

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please: **

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LLC REGISTERED AGENT CHANGE SHAHEERSYED STORE 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

1)	Principal office address of limited liability company:	((b	1							
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)					Mailing address of limited liability compan (Nate: MAY BE POST OFFICE BOX)					
	03/01/23			 L23	300	01070)90				
	Date of filing/registration in Florida	4.	-			Documen	t numbe	2r			
a)	FLORIDA REGISTERED AGENT LLC Registered Agent and Registered Office shown on the records of	f the Flori	da	Dent. (of State	_					
						c					
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>SS)</u>			_	 \a:		•	9	
	Registered Office Address (MUST BE FLORIDA STREET 7901 4TH ST N STE 300	ADDRES	<u>SS)</u>			_	 Vei		(טנט.	9899 F	
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٠.	7901 4TH ST N STE 300 ST. PETERSBURG , F Registered Agents Inc Enter name of NEW Registered Agent and/or NEW Registered	I. <u>337</u> 1	02	2		-	 Vei		(000.	K!Y - PM 5:5	ī
Ŧ.,	7901 4TH ST N STE 300 ST. PETERSBURG , F Registered Agents Inc Enter name of NEW Registered Agent and/or NEW Registered 7901 4th St N	I. <u>337</u> 1	02	2		-	 Vei		(000	K!Y - PM 5:5	ī.

the articles of organization or the operating agreement of the limited liability company.

Signature of a member of authorized representative of a member **ROBIN JONES** Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

David Roberts - Assistant Secretary

David Roberts - Assistant Secretary

Signature of Registered Agent