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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

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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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company:	C	
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)
	03/17/23	L23000	0143470
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	HAVRE. BILL		
	Registered Agent and Registered Office shown on the records of t		
	7901 4TH ST N		~2
	Registered Office Address (MUST BE FLORIDA STREET)		
	STE 300		2024 HAR
	ST. PETERSBURG, FL	33702	
	Registered Agents Inc		
(h)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	 8: 42
	7901 4th St N		%
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg . F1.	33702	
the cha agent v was/was/washe art	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registered ability compan of the limited li	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company.
Signa	nure of a member or authorized representative of a member		Printed or typed name of signee
I here provis the obj to mer notific	by accept the appointment as registered agent and agrifons of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address. If d in writing of this change.	ce to act in thi. performance o I for in Chapté tercby confirm	s canacity. I timber surer to county with the
<u> </u>	David Roberts - Assistant Se	ecretary	
Signatu	ire of Registered Agent		