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	will generate another cover sh	eet.		
To:	Division of Corporations Fax Number : (850)617-6383			
From **Ente	Account Name : REGISTERED AGENTS INC Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010 er the email address for this business enti	ity to be used	∣ for futur∈	<u>e</u>
	annual report mailings. Enter only one ema  Email Address:		22	
	LLC REGISTERED AGENT C	HANGE		m,
	MCGHEE LAW, LLC	·	API	
	Certificate of Status	0	)   1,1   1,	11: <b>4</b> 2
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2022 FEB.				

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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	nme of the limited liability company: MCG	Shee Law, L	LC
2. (a)	Principal office address of limited liability com (Note: MUST BE STREET ADDRESS)	npany:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
			100000001074
	03/17/2006	<del></del>	106000001674
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
	Registered Agent and Registered Office shown on the	records of the Florida De	ept. of State:
	1048 SEMINOLE DRIVE		
	Registered Office Address (MUST BE FLORIDA	STREET ADDRESS)	
	TALLAHASSEE		
(b)	Registered Agents Inc.		. 22
	Enter name of NEW Registered Agent and/or NEW I	Registered Office addre	<u>\$5</u> :
	7901 4th St N		FEB 22
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg	, FL 33702	D 12 12
the charge was/was/was/was/was/was/was/was/was/was/	ange or changes are made, the Florida street activities identical. Or, in the case of a Florida lere authorized by an affirmative vote of the micles of organization or the operating agreemed the following authorized representative of a member or authorized representative of a member of a membe	ddress of the registe limited liability compembers of the limited liability control of the limited liability liber	ate of Florida, it is hereby confirmed that after red office and the business office of the registered pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in bility company.  Park  Printed or typed name of signee  a this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been

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

- Assistant Secretary

Bill Havre

Signature of Registered Agent