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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 : (813)436-5206

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 13940 WILLARD ROAD, L.L.C.

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APR 1 0 2024

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.

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)			
							
	04/25/2018		M18000004	001			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a	NATIONAL REGISTERED AGENTS INC			_			
	Registered Agent and Registered Office shown on the records						
	1200 S PINE ISLAND RD	1200 S PINE ISLAND RD					
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS	2				
				202			
	PLANTATION	FL <u>33324</u>		2024 APR 10			
(h	Registered Agents Inc			5 形能			
ίn	Enter name of NEW Registered Agent and/or NEW Register	red Office ad	dress:	- - - 			
							
	7901 4th St N			26			
	NEW Registered Office Address:						
	STE 300	·		-			
	St. Petersburg , 1	FL_33702		_			
the ch agent was/v	limited liability company is not organized under the nange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of the	of the regis liability co s of the lim	stered officempany, it is ited liabilit	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in			
	Policy may	Robi	n Jones				
•	iature of a member/or authorized representative of a member			Printed or typed name of signee			
I her provi the ol to me notifi	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and comple bligations of my position as registered agent as provic rely reflect a change in the registered office address, and in writing of this change.	igree to act te perform ded for in C I hereby co	in this cap ance of my Chapter 603 onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accep 5, F.S. Or, if this document is being filed the limited liability company has been			
	t Aprile	t Secretary					
Signa	ute of Registered Agent						