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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (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 AFOX & ASSOCIATES LLC

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C. BRUMBLEY NUV - 2 2022

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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

Principal office address of limited liabi	Mailing address of limited liability compa	
(Note: MUST BE STREET AD)	<u></u> -	(Note: MAY BE POST OFFICE BOX
03/21/2017	L	.17000064041
Date of filing/registration in F	Florida 4.	Document number
SOKOLOFF, DANIEL P.		
Registered Agent and Registered Office shown	on the records of the Florida D	Dept. of State:
715 E HillsboroBlvd		922 ( ECS TAL
Registered Office Address (MUST BE FLC	<u>DRIDA STREET ADDRESS)</u>	007 1.C.A.
2nd Floord		SECRETARY TALLAHAS
Deerfield Beach	FL 33341	Y OF S
Northwest Registered	Agent LLC	FATE FATE
Enter name of NEW Registered Agent and/or	NEW Registered Office addre	<u>(688</u> )
7901 4th St N		
NEW Registered Office Address:		
STE 300		
St. Petersburg	33702	
Jt. Fetersburg	FL_33702	

Morgan Jothe	Morgan Noble	
Signature of a member or authorized representative of a member	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, I hereby confirm that the limited liability company has been ified in writing of this change.

Flore Tom Glover - Assistant Secretary

Signature of Registered Agent