Florida Department of State

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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

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LLC REGISTERED AGENT CHANGE RICARDO MARCANO LLC

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MAY 0 3 2023

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Parsuant 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.

	ame of the infined fractiffy company.		CANO LLC		
2. (a)	Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)		(b)		
	05/03/2021	<u>L2:</u>	L21000204999		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	UNITED STATES CORPORATION	ON AGENTS, I	NC.		
•	Registered Agent and Registered Office shown on the rec	cords of the Florida Dept.	of State		
	476 RIVERSIDE AVE.				
	Registered Office Address (MUST BE FLORIDA ST	TREET ADDRESS)			
	JACKSONVILLE	, FL 32202		20	
(b)	Northwest Registered Age		£1L 2023 HAY −3		
	Enter name of NEW Registered Agent and/or NEW Re	gistered Office address:		1 人 音组	
	7901 4th St N		B PH		
	NEW Registered Office Address:		<u>ģ</u> :		
	STE 300		12		
	St. Petersburg	_{. FL} 33702			
the cha agent was/was/was/was/was/was/was/was/was/was/	limited liability company is not organized under ange or changes are made, the Florida street add will be identical. Or, in the case of a Florida linere authorized by an affirmative vote of the mer icles of organization or the operating agreement	fress of the registered nited liability compar nbers of the limited I t of the limited liabili	office and the business off by, it is hereby confirmed the iability company or as other ty company.	ice of the registered at the change(s)	
	MAT STATU iture of a member or authorized representative of a member	Nat Sn		· · · · · · · · · · · · · · · · · · ·	
			Printed or typed name of		
l here provis he ob	by accept the appointment as registered agent of ions of all statutes relative to the proper and co- ligations of my position as registered agent as p lefy reflect a change in the registered office add	ind agree to act in the implete performance or provided for in Chapt	is capacity. I further agree of my duties, and I am fami er 605, F.S. Or, if this doci	to comply with the liar with and accep ament is being filed	

Signature of Registered Agent

Taylor Newman - Assistant Secretary