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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.

| Empil: | Address: | | | |
|--------|----------|--|--|--|

LLC REGISTERED AGENT CHANGE 339 LOBLOLLY BAY DR INVESTMENT, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$25.00 |

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY $\frac{1}{2}$ $\frac{1}{4}$ $\frac{1}{2}$

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. N | ame of the limited liability company: 339 LOBLOLLY | BAY DR INVESTA | MENT,LLC |
|--------------------------------------|---|---|--|
| 2. (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (b) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | | | |
| | 02/12/2024 | | 076184 |
| 3. | Date of filing/registration in Florida | 4. | Document number |
| 5. (a) | SPRADLIN, JEREMY | | |
| | Registered Agent and Registered Office shown on the records of | | |
| | 339 LOBLOLLY BAY DR | | |
| | Registered Office Address | (ADDRESS) | ··- |
| | SANTA ROSA BEACH F | L_32459 | |
| (b) | Northwest Registered Agent LLC | | 2024 F |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | d Office address: | 2024 FEB 16 |
| | 7901 4th St N | | |
| | NEW Registered Office Address | | 는 기계 전 기계 |
| | STE 300 | | <u> </u> |
| | St. Petersburg F | I, 33702 | |
| the changent was/w the art | limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I tere authorized by an affirmative vote of the members icles of organization or the operating agreement of the | of the registered of liability company of the limited lia | office and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in |
| <u>///</u> | stare of a thember or authorized representative of a member | Nat Smith | Printed or typed name of signee |
| There provis the ob- to mer | nure of a member or authorized representative of a member thy accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide why reflect a change in the registered office address, I way in writing of this change. | e performance of ed för in Chantei | capacity. I further agree to comply with the my duties, and I am familiar with and accept 605 F.S. Or, if this document is being filed |
| -/1/- | Taylor Newman - Assistant S | Secretary | |
| Signati | are of Registered Agent | | |