2840 NE 26 CC FORT LAUDER	•			
Current Mai	ling Address:			
2840 NE 26 FORT LAUD	COURT ERDALE, FL 33306 US			
FEI Number: 82-3433098			Certificate of Status Desired: No	
Name and A	ddress of Current Registered Agent:			
	RICIA ESO			
NUGENT, PAT 2455 E SUNRIS SUITE 807 FORT LAUDER				
2455 E SÚNRIS SUITE 807 FORT LAUDER	SE BLVD	registered office or regis	tered agent, or both, in the State of Flor	ida.
2455 E SUNRIS SUITE 807 FORT LAUDER The above named	SE BLVD DALE, FL 33304 US	registered office or regis	tered agent, or both, in the State of Flor	^{ida.} 03/22/2023
2455 E SUNRIS SUITE 807 FORT LAUDER The above named	SE BLVD DALE, FL 33304 US I entity submits this statement for the purpose of changing its	registered office or regis	tered agent, or both, in the State of Flor	
2455 E SÜNRIS SUITE 807 FORT LAUDER The above name SIGNATURE	SE BLVD DALE, FL 33304 US d entity submits this statement for the purpose of changing its E: <u>PATRICIA NUGENT</u> Electronic Signature of Registered Agent	registered office or regis	tered agent, or both, in the State of Flor	03/22/2023
2455 E SÚNRIS SUITE 807 FORT LAUDER The above name SIGNATURE	SE BLVD DALE, FL 33304 US d entity submits this statement for the purpose of changing its E: PATRICIA NUGENT	registered office or regis	tered agent, or both, in the State of Flor	03/22/2023
2455 E SÚNRIS SUITE 807 FORT LAUDER The above name SIGNATURE	SE BLVD DALE, FL 33304 US d entity submits this statement for the purpose of changing its : <u>PATRICIA NUGENT</u> Electronic Signature of Registered Agent Person(s) Detail :			03/22/2023
2455 E SÚNRIS SUITE 807 FORT LAUDER The above name SIGNATURE Authorized Title	SE BLVD DALE, FL 33304 US d entity submits this statement for the purpose of changing its E: <u>PATRICIA NUGENT</u> Electronic Signature of Registered Agent Person(s) Detail : AMBR	Title	AMBR	03/22/2023

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L17000233596

Entity Name: BY CHANCE LLC

Current Principal Place of Business:

Date