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. SIGNATURE: JULIA HUBBARD DIRECTOR OF 04/18/2023

SIGNATURE: JULIA HUBBARD	DIRECTOR OF
	ACCOUNTING

DOCUMENT# M19000008739

Entity Name: AGAMERICA WEST, LLC

Current Principal Place of Business:

4030 S. PIPKIN ROAD LAKELAND, FL 33811

Current Mailing Address:

4030 S. PIPKIN ROAD LAKELAND, FL 33811

FEI Number: 84-2564344

Name and Address of Current Registered Agent:

PARACORP INCORPORATED 155 OFFICE PLAZA DRIVE, 1ST FLOOR TALLAHASSEE, FL 32301 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE	: JODY MOUA, ASST. SECRETARY			04/18/2023
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MBR	Title	MBR	
Name	AGAMERICA LENDING LLC	Name	LICKLEY, CRAIG A	
Address	4030 S. PIPKIN ROAD	Address	910 MAIN STREET, SUITE 358	
City-State-Zip:	LAKELAND FL 33811	City-State-Zip:	BOISE ID 83702	

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 18, 2023 Secretary of State 1782191128CC

Certificate of Status Desired: No

Date