L020000121

| (Requestor's Name) | | | | | | |
|---|--|--|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP WAIT MAIL | | | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer. | | | | | | |
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Office Use Only



800372744488

2021 NOY -1 1H 8:50

XORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

| | ACCOUNT NO. | : | 120000000 | 195 | | | |
|--|------------------|-----|------------|---------|--|--|--|
| | REFERENCE | : | 170804 | 7644314 | | | |
| | AUTHORIZATION | : | Freds | lessen | | | |
| | COST LIMIT | : | \$ (25).00 | | | | |
| ORDER DATE : | October 27, 2021 | | | | | | |
| ORDER TIME : | 8:28 AM | | | | | | |
| ORDER NO. : | 170804-082 | | | | | | |
| CUSTOMER NO: | 7644314 | | | | | | |
| | | | | | | | |
| CHANGE OF AGENT | | | | | | | |
| | | | | | | | |
| NAME: NORTHWEST TAMPA ACQUISITIONS, LLC | | | | | | | |
| PLEASE RETURN | THE FOLLOWING AS | PR | OOF OF FIL | ING: | | | |
| CERTIFIED COPY PLAIN STAMPED COPY | | | | | | | |
| | | | | | | | |
| CONTACT PERSO | N: Alexxis Weila | and | EXT# | | | | |
| | | | EXAMINER: | | | | |

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 Florida.

| 1. N | lame of the limited liability company: NORTHWEST | TAMPA A | ACQUISITIO | ONS LLC | |
|---------------------------|---|---|---|--|--|
| 2. (a) | | (1 | o) | | |
| . , | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| | 7201 WEST LINEBAUGH AVENUE | | 9001 EAS | ST COLONIAL DRIVE | |
| | TAMPA, FL 33625 | | ORLAND | O, FL 32817 | |
| | 05/23/2002 | | L0200001 | 2708 | |
| 3. | Date of filing/registration in Florida | 4. | | Document number | |
| 5. (a |) | | | | |
| J. (a | Registered Agent and Registered Office shown on the records o ŁOWMAN, JR., WILLIAM R., ESQ. SHUFFIELD, LOW | | - | | |
| | Registered Office Address (MUST BE FLORIDA STREET | ADDRESS | <u>5)</u> | - | |
| | 1000 LEGION PLACE, SUITE 1700 | | | 202. SEC | |
| | ORLANDO , F | 32801 | | ECRETARS TALLARS | |
| | | | | 1 | |
| (b) | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Corporation Service Company | ed Office ad | ldress: | - H 8: 5 | |
| | | | | _ ~ ~ | |
| | NEW Registered Office Address: 1201 Hays Street | | | | |
| | 1201 Hays Officer | | | _ | |
| | Tallahassee, F | 32301 | | _ | |
| chang agent was/v | limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited layere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the | e registere iability co of the lim | ed office an empany, it is sited liabilit | d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in | |
| | | | Cilmi, Autho | orized Person | |
| | ature of a member or authorized representative of a member | | | Printed or typed name of signee | |
| provis the ob to me | eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change. | ree to act e performed ed for in (hereby co | in this cap ance of my Chapter 605 onfirm that | acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been | |
| | | | | sst. Vice President | |
| Signal | ure of Registered Agent | | | | |