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To:

Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

(307)200-2803

Fax Number

: (813)436-5206

the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

1	Address:	 		
				-

LLC REGISTERED AGENT CHANGE WINCHESTER INVESTMENTS, LLC

	<u> </u>
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M. SOLOMON

SEP 11 2024

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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.

L. N	ame of the limited liability company: WINCHESTER IN	IVESTMENTS, LL	C
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company; (Note: MAY BE POST OFFICE BOX)
	10/25/02	L020000	028463
3.	Date of filing/registration in Florida	4.	Document number
5. (a	Kennedy, Lisa		
	Registered Agent and Registered Office shown on the records of		
	Registered Office Address (MUST BE FLORIDA STREET)	<u>ADDRESS)</u>	20
	10503 SAGO ROAD		
	TAMPA , FL	33618	2024 SEP 11 SECRETARIA TALLATA
(b)	· · · · · · · · · · · · · · · · · · ·		SSE TOF
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	
	7901 4th St N		- 12 · 23
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg FI.	33702	
the ch agent was/w the art	limited liability company is not organized under the lay ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liarere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the registered o ability company, of the limited lial	ffice and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in company.
Signa	ature of a member or authorized representative of a member		Printed or typed name of signee
provis the ob to mei	by accept the appointment as registered agent and agreeions of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address. It is writing of this change.	performance of d for in Chapter hereby confirm t	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 hat the limited liability company has been
10-	Taylor Newman - Assistant Se	ecretary	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent