· To: 18506176383 From: 12147128131 Date: 01/23/24 Time: 9:07 PM Page: 01/02

Florida Department of State Division of Comparations

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(((H24000031357 3)))

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. Na	une of the limited liability company:	LLC
		(b)
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	10944 DENOEU ROAD	10944 DENOEU ROAD
	BOYNTON BEACH, FL 33472	BOYNTON BEACH, FL 33472
	12/03/2003	L03000049688
3.	Date of filing/registration in Florida	4. Document number
5. (a)	Registered Agent and Registered Office shown on the records of ROBERT J PIERCE	of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET 10944 DENOEU ROAD	
	BOYNTON BEACH , FI	-L
(b)	Enter name of NEW Registered Agent and/or NEW Registered LEGALING CORPORATE SERVICES INC.	ed Office address: Pic VI
	NEW Registered Office Address: 476 Riverside Ave.	: : 0
	Jacksonville, F	FL_32202
chang agent was/v the ar	will be identical. Or, in the case of a Florida limited I will be identical. Or, in the case of a Florida limited I were authorized by an affirmative vote of the members tieles of organization or the operating agreement of the	laws of the State of Florida, it is hereby confirmed that after the he registered office and the business office of the registered liability company, it is hereby confirmed that the change(s) is of the limited liability company or as otherwise provided in he limited liability company. Robert Pierce Printed or typed name of signee
Sign	lature of a member of authorized representative of a member	not drive observed and the
I her provi the ol	eby accept the appointment as registered agent and as sions of all statutes relative to the proper and complet bligations of my position as registered agent as providing the reflect a change in the registered office address, and in writing of this change.	igree to act in this capacity. I further agree to comply with the ele performance of my dutics, and I am familiar with and accep ded for in Chapter 605, F.S. Or, if this document is being filed I hereby confirm that the limited liability company has been
Signat	ure of Registered Agent	

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