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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for futur ⊈_annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE FRANKLIN STREET CAPITAL ADVISORS, LLC

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M. SOLOMON

MAY 2 2 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.

1.	Name of the limited liability company: Franklin Street Ca	apital Advisors, LLC	
2. (a			
	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	12/07/06	L0600011	6877
3.	Date of filing/registration in Florida	4.	Document number
5. (8	LEGALINC CORPORATE SERVICES INC.		25
	Registered Agent and Registered Office shown on the records of 476 RIVERSIDE AVE.	the Florida Dept, of St	== 2024 H
	Registered Office Address	ADDRESS)	. 22
	JACKSONVILLE FL	32202	
(b	Northwest Registered Agent LLC		· 3
	7901 4th St N		
	NEW Registered Office Address:	.,	_
	STE 300		<u> </u>
	St. Petersburg , FL	33702	
the cl agent was/v	limited liability company is not organized under the law hange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	f the registered offi ability company, it of the limited liabil	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in
Sign	nature of a member or authorized representative of a member		Printed or typed name of signee
I her provi the or to me	weby accept the appointment as registered agent and agree 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 add in writing of this change.	ree to act in this ca performance of m d for in Chapter 6 hereby confirm the	macity. I further agree to comply with the
/V	Taylor Newman - Assistant S	ecretary	
Signa	ture of Registered Agent		