To: 18506176383 Page: 1/2 10/1/2024 13:23-52 PDT ida Department of State Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name	:	REGISTERED AGENTS INC.
Account Number	:	12009000081
Phone	:	(307)200-2803
Fax Number	:	(813)436-5206

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Help

Fax: 8134365206

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.

(a)	7901 4th St N (b)			g. FL 33702		
(.)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			-	limited liability comp POST OFFICE BO	
	STE 300		St. Petersburg	g, FL 33702		
	St. Petersburg, FL 33702		St. Petersburg	g, FL 33702		
	08/03/2007		L07000079837	7		
(a)	Date of filing/registration in Florida BRONZA, TIMOTHY KELLY	4.	D	ocument num	ber	
("	Registered Agent and Registered Office shown on the record	is of the Florid	a Dept. of State:			
	222 West Comstock Avenue					
	Registered Office Address <u>(MUST BE FLORIDA STRE</u> Suite 221	ET ADDRES	<u>s)</u>			
	Registered Office Address (MUST BE FLORIDA STRE	. FL			<i>′</i> ;	
(b)	Registered Office Address <u>(MUST BE FLORIDA STRE</u> Suite 221 Winter Park Northwest Registered Agent LLC	, FL	272			
(b)	Registered Office Address <u>(MUST BE FLORIDA STRE</u> Suite 221 Winter Park	, FL	272		* •	
(b)	Registered Office Address <u>(MUST BE FLORIDA STRE</u> Suite 221 Winter Park Northwest Registered Agent LLC	, FL	272			
(b)	Registered Office Address <u>(MUST BE FLORIDA STRE</u> Suite 221 Winter Park Northwest Registered Agent LLC Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regist</u>	, FL	272			
(b)	Registered Office Address (MUST BE FLORIDA STRE Suite 221	, FL	272	; 		

agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. \underline{M} \underline{M} \underline

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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