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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803

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100	
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## LLC REGISTERED AGENT CHANGE 2107, LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	\$25.00

K. SALY

MAR 1 2 2025

## 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	me of the limited liability company: 2107, LLC			
2	(a)	7901 4th St N	(b) 7901 4th St N		
2.	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY RE POST OFFICE ROX)	
		STE 300	STE 30	00	
		St. Petersburg FL 33702 US	St. Pete	ersburg FL 33702 US	
2		11/29/2007		Document number	
3.		Date of filing/registration in Florida	4.	Document number	
5.	(a)	EPGD Attorneys at Law, P.A.			
		Registered Agent and Registered Office shown on the records of	the Florida Dept. of	State:	
		777 SW 37th Ave.			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			2 2 2	
		Suite 510			
		Miami , FI	L 33135		
(h)		Northwest Registered Agent LLC Enter name of NEW Registered Agent and/or NEW Registered	l Office address:	FILE DE SELECTIONS	
		7901 4th St N NEW Registered Office Address:		<del></del>	
		STE 300			
		St. Petersburg , FI	33702		
the ago wa the	cha ent w s/we arti	imited liability company is not organized under the la nge or changes are made, the Florida street address o vill be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	f the registered of lability company, of the limited liab	ffice and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in	
	$\Delta C$	The Smith Sure of a member or authorized representative of a member	Nat Smith	Printed or typed name of signee	
pro the to i	ovisia obli mere	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I i in writing of this change.	e performance of the for in Chapter hereby confirm to	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	
/	, V	Taylor Newman - Assistant S	ecretary		
216	enatur	re of Registered Agent			