Division of Corporations

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То :	Division of Corporations Fax Number : (850)617-638	33	
From:	Account Name : LEGALINC COF Account Number : 120130000011 Phone : (844)336-017 Fax Number : (214)317-475	L	2020 DEC
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To: 18506176383 From: 14693173436 Date: 12/16/20 Time: 12:45 PM Page: 02/02

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR

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.

<u>(a)</u>	Principal office address of limited liability company	(b).	Mailing address of hmited liability company
	(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)
	1311 N Westshore Blvd, Suite 200		1311 N Westshore Blvd. Suite 200
	TAMPA, FL 33607	·	TAMPA, FL 33607
	01/07/2009	L	0900001551
	Date of filing/registration in Florida	4	Document number
(a)			
(4)	Registered Agent and Registered Office shown on the records o	f the Florida E	Dept of State
	CORPORATION SERVICE COMPANY		202 *:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	
	1201 HAYS STREET		
	TALLAHASSEE,, F	32301	
	, r	և	
(h)			AH IO:
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>		FILLANIASSLE. FL
(b)			FILLANASSLE.FL
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>		
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u> LEGALINC CORPORATE SERVICES INC.		AHIO: 25

Antarius Desisto

Antarius Desisto, Manager

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 marely 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

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