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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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19 APR 26 PH 4: 3

LLC REGISTERED AGENT CHANGE ANDREW KLEPPINGER, P.L.

Certificate of Status	0
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2022 APR 26 AM II: 35 SECTION OF STATE TALLION ASSEE, FLORID

FILLU

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

(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	J) (t)M	ailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
	04/12/2010		L10000	0039297
	Date of filing/registration in Florida	4.	•	Document number
(a)	CT CORPORATION SYSTEM			
(1)	Registered Agent and Registered Office shown on the records of	of the Florid	a Dept. of State:	
	1200 SOUTH PINE ISLAND ROAD			
	Registered Office Address (MUST BE FLORIDA STREE)	ADDRES.	<u>S)</u>	
	PLANTATION	. 3332	4	2 2
(h)	PLANTATION Northwest Registered Agent		4	2022 AF SE VA FALLAS
(b)		LLC	<u></u>	2022 APR 2 SEVENIA
(b)	Northwest Registered Agent	LLC	<u></u>	2022 APR 26 AI SELENTALL TALL TANKS SEE
(b)	Northwest Registered Agent Enter name of NEW Registered Agent and/or NEW Register	LLC	<u></u>	FILED 2022 APR 26 AM II SENTINASSEE FLI
(b)	Northwest Registered Agent Enter name of NEW Registered Agent and/or NEW Register 7901 4th St N	LLC	<u></u>	FILED 2022 APR 26 AM II: 40 SELECTION OF STATE FALLENDASSEE FLORID

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 my ified in writing of this change.

Tom Glover - Assistant Secretary

Signature of Registered Agent