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(Requestor's Name)	
(Address)	
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PICK-UP WAIT MA	AIL.
(Business Entity Name)	
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Certified Copies Certificates of Status	
Special Instructions to Filing Officer: J. HORNE MAR 1 2 2024	
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236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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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.

incipal office address of limited liability company: (Note: MUST BE STREET ADDRESS) ordova Rd #206 uderdale, FL 33062 Date of filing/registration in Florida	: For	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 931 Cordova Rd #206 rt Lauderdale, FL 33062 000131490
Date of filing/registration in Florida	For	rt Lauderdale, FL 33062 000131490
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Date of filing/registration in Florida		
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		Document number
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	mberlane Road ssec me of NEW Registered Agent and/or NEW Regis Gay egistered Office Address: mberlane Road ssec ability company is not organized under the ges are made, the Florida street address of a Florida limit	nberlane Road sseeFL 32312 me of NEW Registered Agent and/or NEW Registered Office addres Gay egistered Office Address: mberlane Road