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(Bu	isiness Entity Name)	1	
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A. BUTLER SEP 2 6 2022

## 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	ame of the limited liability company:  Sansone, LLC			
2. (a)		(	b)	
. ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<del></del>	,	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	945 N. Military Trail		945 N. Military Trail	
	Haverhill, FL 33415		Haver	rhill, FL 33415
	03/30/1976		L12000	0144461
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
, (u)	Registered Agent and Registered Office shown on the records of	f the Florid	la Dept. of	f State:
	David R Sansone			
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	945 N. Military Trail			202°
	Haverhill, F	33415 L	•	ZOZZ SEP 23 AM 9: DECKE WAS SEED.
				23
(b)				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office a	<u>ddress</u> :	
	C T Corporation System			9: 34 9: 34
	NEW Registered Office Address:			<del></del>
	1200 South Pine Island Road		_	
	Plantation , F	33324		
change agent v was/wi	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e register lability co of the line climited	red office ompany, nited liab	e and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in company.
Signa	nature of a member of authorized representative of a member		Printed or typed name of signee	
provisi the obl to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ly reflect a change in the registered office address. I	perform d for in	iance of . Chapter	my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed
/s/ L Signatu	auren Kreatz, Vice President			