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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 : (813)436-5206

\*\*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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## LLC REGISTERED AGENT CHANGE **HUGH O'SHEA, PLLC**

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I. LEMIEUX

1/9/2024 11:34:25 PST To: 18506176383 Page: 2/2 From: Registered Agents Inc Fax: 8134365206

## 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 hability 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:	- <del></del>	
2. (a	1)		(b)	
		Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
		12/31/12		00161798
3.		Date of filing/registration in Florida	4.	Document number
5. (	a)	UNITED STATES CORPORATION AGENTS, INC.		
		Registered Agent and Registered Office shown on the records of the	ie Florida Dept.	of State.
		476 RIVERSIDE AVE.		
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	
		JACKSONVILLE FL	32202	
d	o)	Registered Agents Inc		—
, ι	,,	Enter name of NEW Registered Agent and/or NEW Registered (	Office address:	
		7901 4th St N		
		NEW Registered Office Address:		
		STE 300		
		St. Petersburg , FL	33702	
the cagen	ha t w we	mited liability company is not organized under the law ngc or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited lial re authorized by an affirmative vote of the members of tles, of organization or the operating agreement of the l	he registered bility compar the limited I	office and the business office of the registered by, it is hereby confirmed that the change(s) liability company or as otherwise provided in
		- him was	Robin Jon	es
Sig	nat	are of a member or authorized representative of a member		Printed or typed name of signee
prov the o to me notif	isie bli ere	y accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I ha in writing of this change.	te to act in the performance of for in Chaptereby confirm	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept er 605, F.S. Or, if this document is being filed a that the limited liability company has been
avia (	γ¢	David Roberts - Assistant Sec	cretary	

Signature of Registered Agent