Florida Department of State (Division of Edipolations (Medicalic Fridag Cover Sheet)

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To:		RETAR
	Division of Corporations Fax Number : (850)617-6383	
From:		AM II: 16 Of Stati See, Fl
	Account Name : REGISTERED AGENTS INC. Account Number : I20090000081	ATE ATE
	Phone : (307)200-2803 Fax Number : (855)330-1010	
intor the	email address for this business entity to be (used for future
nter the annual	email address for this business entity to be o report mailings. Enter only one email address	s please.**

LLC REGISTERED AGENT CHANGE DONUM A TERRA LLC

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JAN 15 2020

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: DONU	M A TEF	RRA LLC			
	8222 GRAMPELL DR	(b)	(b) 8222 GRAMPELL DR			
- . (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	JACKSONVILLE, FL 32221	·	JACKSONVILLE, F	L 32221		
	01/31/2013		13000016298			
3.	Date of filing/registration in Florida	4.	Document numb	er		
-7+		-				
5. (a)	UNITED STATES CORPORATION AGENTS, INC. Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
	5575 S. SEMORAN BLVD	YOU THE FRICAL	repr. of State.			
		ran a transferra				
	Registered Office Address (MUST BE FLORIDA STRE	<u>ET ADDKESS)</u>		20		
	SUITE 36			20 20 T		
	ORLANDO	_{FL} 32822	<u> </u>	2020 JAN 1 L		
(b)	Northwest Registered Agen		· Cartifued			
(0)	Enter name of NEW Registered Agent and/or NEW Register	ress:				
	7901 4th St N	180	·	STATE OF STATE		
	NEW Registered Office Address:					
	STE 300					
	St. Petersburg	, FL_33702				

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Morgan Noble

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 notified in writing of this change.

Glover - Assistant Secretary

Signature of Registered Agent