1130000055669

| (Rec | uestor's Name) | |
|---------------------------|-------------------|-------------|
| | | |
| (Add | lress) | |
| | | |
| (Add | Iress) | |
| | | |
| (City | /State/Zip/Phone | #) |
| ` <i>,</i> | · | • |
| PICK-UP | MAIT | MAIL |
| | | |
| (D | inner Entite them | -> |
| (Bus | iness Entity Nam | e) |
| | | |
| (Doc | cument Number) | |
| | | |
| Certified Copies | Certificates | of Status |
| | | |
| | | |
| Special Instructions to F | iling Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



600384499916

03/23/22 -01029--025 ++25.00

SECRETARY OF STATE

O SIMMONS

APR 0 8 2022

COVER LETTER

| | tration Section ion of Corporations | | | | | |
|---|---|--|------------------------------------|---|--|--|
| SHR IFOT: | ACCOUNTANTS AND BUSE | 4ES\$ ADA I | SORS, I | A.C | | |
| SUBJECT: Name of Limited Liability Company | | | | | | |
| Dear Sir or M | | | | | | |
| The enclosed | Registered Agent Registered O | ffice Chan | ge and f | ec(s) are submitted for filing. | | |
| Please return | all correspondence concerning | this matter | to the fi | ollowing: | | |
| Ryan King | | | | | | |
| - | Name of Person | | | | | |
| Patriot Law | | | | | | |
| | Firm/Company | - | <u>-</u> | | | |
| 2631-A NW - | 41st St. | | | | | |
| | Address | | | <u></u> | | |
| Gainesville, I | | | | | | |
| | City/State and Zip Code | | | | | |
| rking@aba-ac | | | | | | |
| E-mail a | iddress; (to be used for future a | nnual repo | rt notilie | cation) | | |
| For further in | formation concerning this math | er, please c | all: | | | |
| Ryan King | | at (| 352 | 219 - 5351 | | |
| | Name of Person | ······································ | | Area Code & Daytime Telephone Number | | |
| Regis Divis P.O. | ing Address: stration Section sion of Corporations Box 6327 thassee, FL 32314 | | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303 | | |
| Enclo | osed is a check for the following | ng amount | : | | | |
| ≅ \$2 | 5 Filing Fee | | ☐ \$55 Filing Fee & Certified Copy | | | |

INHS18 (2/14)

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.

| l. Na | me of the limited liability company:ACCOUNTAN! | | | | | | |
|-------------------------------|---|--|--|---|---|--|----------------------------|
| 2. (a) | 2631-A NW 41st Street | (b) | | W 41st Street | | | |
| | Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS) | | | ailing address of lumte (Note: MAY BE POS | | | : |
| | Gainesville, FL 32606 | - | Gainesville, FL 32606 | | | | |
| | 04-22/2013 | | | L13000058669 | | | |
| 3. | Date of filing/registration in Florida | 4. | 1 | Document number | | | |
| 5. (a) | William D. King | | | | S | 25 | |
| • | Registered Agent and Registered Office shown on the records of the 2631-A NW 41st Street | | | | ECRE. | 2022 MAR | 7 |
| | Registered Office Address (MUST BE FLORIDA STREET AT | DDRESS _I | | | TARY AHAS | 28 | |
| | Gainesville , FL_ | 32606 | | | CRETARY OF STAI ALLAHASSEE, FL | PH 6: 3 | |
| (b) | Ryan Kina | | | | TATE | 39 | |
| | Finter name of NEW Registered Agent and/or NEW Registered C | Office add | ress; | | | | |
| | N/A - same as above | | | | | | |
| | NEW Registered Office Address: | | | | | | |
| | | | | | | | |
| | FL | | | | | | |
| change agent v was/we | imited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the sperating agreement of the liab | egistered ility cor the limi | l office and npany, it is l ted hability | the business office hereby confirmed t company or as oth | of the re hat the cl | gistere mnge(s | d s) |
| 1 | Robert F. Kase | | Ryan F | 7. King - Authorized | Represent | ative | |
| Sign | une Ja member or authorized represensative of a member | | | Printed or typed name | of signee | | |
| provisi the obl to merc | by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete point igations of my position as registered agent as provided by reflect a change in the registered office address. The spiriting of the change | e to act i crforma for in Ci reby coi | n this capac nee of my di hapter 605, ifirm that th | city. I further agre- nies, and I am fam F.S. Or, if this doc we limited liability o | e to comp iliar with sument is company | oly with and ac being , has bec | the ecept filed m |
| Signato | te // Registered Agent | | | | | | |

; · ·