Division of 🤄

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future services. *

⊈E@ail Address:_

LLC REGISTERED AGENT CHANGE TOP FLOOR RENTALS, LLC

Certificate of Status	0
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T. LEMIEUX

JUN 14 2023

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BÖTH 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.

Name of the limited liability company: TOP FLOOR RENTALS, LLC					
2. (a		_ (t	o)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		_			
_	06/06/2013	_	L13000	0082372	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a	CORPORATION SERVICE COMPANY				
	Registered Agent and Registered Office shown on the records of the	he Florida	Dept. of St	ate:	
	1201 HAYS STREET			- 34	
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	1	2023 Ji	
	TALLAHASSEE , FL	32301			
(b)				PH 6:	
	Enter name of NEW Registered Agent and/or NEW Registered (Office ad	<u>dress</u> :	20 10 10 10 10 10 10 10 10 10 10 10 10 10	
	7901 4th St N			_	
	NEW Registered Office Address:				
	STE 300			_	
	St. Petersburg , FL	33702	2		
the chagent was/v the ar	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia tere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the law.	the regi bility co f the lim limited l	stered offi ompany, it uited liabil	ce and the business office of the registere is hereby confirmed that the change(s) ity company or as otherwise provided in ompany. S	
	ature of a member or authorized representative of a member			Printed or typed name of signee	
I her provi: the ol to me	by accept the appointment as registered agent and agre iions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided rely reflect a change in the registered office address, I held in writing of this change.	ee to act perform I for in G ereby c	in this ca ance of my Chapter 60 onfirm tha	pacity. I further agree to comply with the y duties, and I am familiar with and acce D5, F.S. Or, if this document is being file at the limited liability company has been	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

avid X-boerts David Roberts - Assistant Secretary

Signature of Registered Agent