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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone Fax Number : (813)436-5206

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## LLC REGISTERED AGENT CHANGE CRUIKSHANK INVESTMENTS, LLC

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Feb 12, 2025 09:19. To: +18506176383 Pege: 2/2 Fax: 18134365206

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY $\neq$

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.

2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)						
()								
			1	Mailing address of (Note: MAY R)	limited lia	ability o	compan	y:
	7901 4th St N STE 300		7901 4th St N STE 300					
	St. Petersburg FL 33702		St. Petersb	burg FL 33702				
	07/24/13	L	130001045	71				
3.	Date of filing/registration in Florida	4.		Document nui	mber			
5. (a)	CRUIKSHANK, NORA							
). (u)	Registered Agent and Registered Office shown on the records of	the Florida I	Dept. of State	!;				
	4946 SE 37TH AVE							64
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	,	•		2025 F		10
	OCALA , FI	34480				025 FEB 12	7	
(h)	Registered Agents Inc				当事	<b>18</b>	ED	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office addr	<u>ress</u> :			01 :8		
	7901 4th St N				1- "	0		
	NEW Registered Office Address:							
	STE 300							
	St. Petersburg	33702						
he cha igent w vas/we	imited liability company is not organized under the la nge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members clessof organization or the operating agreement of the	f the registe lability con of the limit	ered office ipany, it is ed liability	e and the busing thereby confir y company or a	ess offic- med that	e of th the c	ie regi hange	stered (s)
	Robin bones			Robin Jo	nes			
	ure of a member or authorized representative of a member			Printed or typed		~		
I hereb provision he obli o mere notifica	by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ily reflect a change in the registered office address, I I in writing of this change.	ree to act is performaned for in Ch hereby con	n this cape ace of my e apter 605 aftrm that	icity. I further luties, and I ar , F.S. Or, if th the limited liah	agree to n familio is docum pility com	o com ir with ient is ipany	ply wi h and i being has b	th the accept filed een
<del> </del>	David Coerts David Roberts - Assistant S	ecretary						