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Account Name : REGISTERED AGENTS INC.

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LLC REGISTERED AGENT CHANGE CRUIKSHANK INVESTMENTS 2, LLC

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K. SALY FEB 1 4 2025

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.

2. (a)		(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	. , , , , , , , , , , , , , , , , , , ,	Mailing address of limited liability company: (Note: MAY RE POST OFFICE BOX)	
	7901 4th St N STE 300	7901	7901 4th St N STE 300	
	St. Petersburg FL 33702	St. Petersburg FL 33702		
	07/26/13	L13000	0106121	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	CRUIKSHANK, NORA			
J. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept. o	of State:	
	4946 SE 37th Ave			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	OCALA , FL	34480	ELLER 13 PH 5: 09	
(b)	Registered Agents Inc		2. 2.	
(17)	Enter name of NEW Registered Agent and/or NEW Registered Office address:		— 09	
	7901 4th St N			
	NEW Registered Office Address:			
	STE 300			
	St. Petersburg	33702		
he cha agent v was/w	imited liability company is not organized under the laininge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the	the registered ability companion the limited li	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in	
	Relative January ture of a member or authorized representative of a member		Robin Jones	
I here provisi he obi to mer totifie	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	performance o d for in Chapte hereby confirm	Printed or typed name of signee s capacity. I further agree to comply with the of my duties, and I am Jamiliar with and accept 605, F.S. Or, if this document is being filed that the limited liability company has been	
	David Objects - Assistant S	ecretary		