Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

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

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

LLC REGISTERED AGENT CHANGE LA MONADA, LLC

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MAR 26 2021

M. SOLOMON

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Help

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AĞENT 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 | | | | ~ | | | | |
|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------|----------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------|-------------|
| . Na | me of the limited liability company: La Mona | ida, l | _L(| <u>ن</u> | | | | |
| !. (a) | C/O INTERNATIONAL TAX & COMMERCE | <u> </u> | (b) C | O INTER | RNATIONAL TAX & | СОММЕ | RCE | |
| , , , | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | _ | .\ | failing address of limited (Note: MAY BE POST | | | : |
| | 12025 RIVERHILLS DRIVE | | 1 | 2025 F | RIVERHILLS | PIVE | | |
| | TAMPA, FL 33617 | · | <u>T.</u> | AMPA, | FL 33617 | | | |
| | 08/12/13 | | L1 | 30001 | 13473 | | | |
| | Date of filing/registration in Florida | 4, | | | Document number | | | |
| . (a) | REGISTERED AGENT SERVICES OF FLO | ORIDA | LLC | | | | | |
| . (4) | Registered Agent and Registered Office shown on the records of | f the Floris | da De | pt. of State | : | | | |
| | 8551 WEST SUNRISE BLVD | | | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET | "ADDRES | <u>(S)</u> | | | | _ | |
| | | | | | | • • • | 2021 | |
| | PLANTATION | _L 3332 | 2 | | | : 2 | 2021 MAR | |
| | | | | | | | ₹25 | |
| (b) | Northwest Registered Agent | <u>LLC</u> | | | | -1 -1-1-1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 - | | ŕ |
| | Enter name of NEW Registered Agent and/or NEW Registers | d Office a | ddres | <u>s</u> : | | | iH e | - |
| | 7901 4th St N | | | | | 12.7 2.7 2.7 | 9: | |
| | NEW Registered Office Address: | | | | | | | |
| | STE 300 | | | | | | | |
| | St. Petersburg | 3370 | 2 | | | | | |
| he cha igent w vas/we | mited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cless of organization or the operating agreement of the | aws of the of the reg | e Stagister comp | ed office any, it is d liability | and the business of hereby confirmed to company or as other | fice of the hat the c | ie regis hange(: | stere s) |

Morgan Noble Signature of a reember or authorized representative of a member 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

Com Glover - Assistant Secretary

Signature of Registered Agent