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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: REGISTERED AGENTS INC. Account Name

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:			
	MUUI ESS.			

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## LLC REGISTERED AGENT CHANGE SHEEPSHANK LLC

Certificate of Status	0
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Page Count	02
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DEC 13 2021 A. LUNT

## 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.

1. N	ame of the limited liability company: Shee	pshank LLC		
2. (a)				
- (,,	Principal office address of limited liability compo	Mailing address of limited liability compan (Note: MAY BE POST OFFICE BOX)	<b>y</b> :	
	12/09/13	L13000	0169871	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Aaronson, Andrew			
	Registered Agent and Registered Office shown on the rec	ale;		
	17 Sheepshank Lane			
	Registered Office Address (MUST BE FLORIDA ST	_		
	Santa Rosa Beach	2021 DI	JISIAH Nac	
(b)	Northwest Registered Age	ent LLC	1 33	물론 유행.
(0)	Enter name of NEW Registered Agent and/or NEW Reg		0	
	7901 4th St N	2021 DEC 10 AM 10: 1	15 15 15 15 15 15 15 15 15 15 15 15 15 1	
	NEW Registered Office Address:		17	: =
	STE 300		_	
	St. Petersburg	_, FL_33702	_	
the cha agent v was/w	limited liability company is not organized under ange or changes are made, the Florida street addivil be identical. Or, in the case of a Florida limere authorized by an affirmative vote of the menicles of organization or the operating agreement	ress of the registered offic nited liability company, it nbers of the limited liabili	te and the business office of the regi- is hereby confirmed that the change ty company or as otherwise provided	stered (s)
	Margan Pollan	Morgan Nob	ile	
Signa	nture of a member 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 milited in writing withis change.

TLOWIOM Glover - Assistant Secretary