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From:

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Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number : (813)436-5206

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**DEC 58 5053** qlaH T. LEMIEUX 12/27/2023 05:15:25 PST To: 18506176383 Page: 2/2 From: Registered Agents Inc Fax: 8134365206

## 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. Na	une of the limited liability company:	rrento Unit 918, LLC	
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	05/14/14	L1400007	8409
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Williams, Robert		
	Registered Agent and Registered Office shown on the records of		
	4391 COLLINS AVENUE		
	Registered Office Address (MUST BE FLORIDA STREET)	_	
	Unit 918		
	MIAMI BEACH	33140	<del></del>
	. г.	·	<del></del>
(b)	Northwest Registered Agent LLC		
	Enter name of NEW Registered Agent and/or NEW Registered	<u> </u>	
	7901 4th St N		,
	NEW Registered Office Address:		<del>_</del> ,
	STE 300		~.;
			<del></del> .
	St. Petersburg	33702	<del>.</del>
	F1		
the cha agent v was/we the arti	imited liability company is not organized under the lavinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registered offi ability company, it of the limited liabil	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in
•	ture of a member or authorized representative of a member		Printed or typed name of signee
I herei provisi the obl to mere	by accept the appointment as registered agent and aground on sof all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I fin writing of this change.	performance of m d for in Chapter 6 herchy confirm tho	macity. I further agree to comply with the
Signatu	re of Registered Agent	<i>-</i> ,	