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Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (813)436-5206

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NOV 28 2023 K. Brumbley

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	nne of the limited liability company:	OGRAPHY, LLO	
2. (a)		(þ)	
- ,-,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)
	12/01/14	· —	00181156
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			***********
	Registered Agent and Registered Office shown on the records of the	he Florida Depi.	of State:
	7543 Holley Circle		
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	
	106		20
	Panama City Beach	32408	. 23
(b)	Northwest Registered Agent LLC Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u> 7901 4th St N	Office address:	2023 NOV 27 PH 2:
	NEW Registered Office Address:		·
	STE 300		
		 	
	St. Petersburg FL	33702	
the cha agent v was/we the arti	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the registered bility compar f the limited l	l office and the business office of the registered by, it is hereby confirmed that the change(s) liability company or as otherwise provided in
	ture of a member or authorized representative of a member	Nat Smith	
			Printed or typed name of signee
provisi the obl to mere notifice	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p ligations of my position as registered agent as provided by reflect a change in the registered office address. I had in writing of this change.	performance (l för in Chapt ereby confirn	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept er 605, F.S. Or, if this document is being filed a that the limited liability company has been
	Taylor Newman - Assistant Se	cretary	
Signatu	re of Registered Agent		