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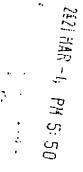
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O SIMMONS APR 27 2021

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: RAD SHOP, LL	C		<u></u> _	
2. (a)		(b)			
(")	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	` ,	(b)		
	495 SEMINOLE ROAD				
	BABSON PARK, FL 33827		BABSON PARK, FL	33827	
	12/12/2014	I.	14000189909		
3.	Date of filing/registration in Florida	4.	Document	number	
5. (a)					
J. (a,	Registered Agent and Registered Office shown on the records of	f the Florida [Dept. of State:		
	TIMOTHY RICKETTS				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			· •	
	495 SEMINOLE ROAD		621 		
	BABSON PARK, F	L 33827		7971 KAR -	
(b)	Enter name of NEW Registered Agent and/or NEW Registere			P	
	Enter name of NEW Registered Agent and/or NEW Registere	d Office add	<u>ress</u> ;	ω	
	SHAWN K. RICKETTS			* O	
	NEW Registered Office Address:	·			
	411 E. CENTRAL AVENUE				
	LAKE WALES , F	L_33853			
chang agent was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	e registered iability con of the limit e limited lia	office and the busin pany, it is hereby co ed liability company bility company.	ess office of the registered on firmed that the change(s)	
		TIMO	THY RICKETTS		
-	ature of a member or authorized representative of a member			yped name of signee	
provis the ob to me	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address. I a it writing of this change.	gree to act i e performa ed for in Ch hereby cor	n this capacity. I fur ace of my duties, and apter 605, F.S. Or, firm that the limited	ther agree to comply with the I am familiar with and accept if this document is being filed liability company has been	

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Signature of Registered Agents