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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

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

 $\stackrel{\leftrightarrow}{\text{co}}$  \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC REGISTERED AGENT CHANGE MICHAEL ANGELETTI LLC

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M. SOLOMON JAN 2 U 2023

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## 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	Same of the limited liability company: Michael	Ange	eletti LL	_C		
2. (a)	·	(	n)			
	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)			Mailing address of limited (Note: MAY BE POST	•	
	7901 4th St N STE 300		7901 4th St N STE 300			
	St. Petersburg FL 33702		St. Pete	ersburg FL 33702		
	04/02/2015		L15	000070279		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a	, ANGELETTI, JANET					
(	Registered Agent and Registered Office shown on the records of	of the Florid	a Dept. of Stat	- e.		
	2827 Sunbury Dr					
	Registered Office Address (MUST BE FLORIDA STREE)	TADDRES:	<u>S)</u>	_		~
					, `	2023
	JUPITER , F	T. 334	58	_		JAN
(b)	Northwest Desistant Asset			-	<u> </u>	9
				_		±
	Enter name of NEW Registered Agent and/or NEW Registered	ed Office ad	<u>ldress</u> :		3 -	語
	7901 4th St N				<b>.</b>	7
	NEW Registered Office Address		,	-		
	STE 300			_		
	St. Petersburg	33702	2	_		
the ch agent was/w	limited 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 were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the regi liability co of the lin	stered office ompany, it i aited liabilit	e and the business off s hereby confirmed th y company or as other	ice of the nat the ch	e registered ange(s)
	ature of a member or authorized representative of a member		Nat	Smith	<del></del>	
				Printed or typed name of		
provis the ob to mer	eby accept the appointment as registered agent and assions of all statutes relative to the proper and completed ignitions of my position as registered agent as providedly reflect a change in the registered office address, and in writing of this change.	e perform led for in   I hereby c	ance of my Chapter 60: onfirm that	duties, and Lam famil 5. F.SOr, if this doce	liar with ument is i	and accept being filed
~ / V*	Taylor Newman - Assista	nt Secre	etary			

Signature of Registered Agent