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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Fax Number : (813)436-5206

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## LLC REGISTERED AGENT CHANGE VIOLUSHI LLC

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K. SALY

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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	lame of the limited liability company:		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	05/18/15  Date of filing/registration in Florida	L150000.	87716 Document number
5. (a)	) JAMBRINA, CAROL S  Registered Agent and Registered Office shown on the records of 4623 NW 84th Ave  Registered Office Address (MUST BE FLORIDA STREET)	t the Florida Dept. of S	
	Northwest Registered Agent LLC	L 33166	FILED 2024 AUG -2 AM 4: 09 SECURIORIS
	7901 4th St N  NEW Registered Office Address: STE 300		. <b>09</b> 
	St. Petersburg	I	
the ch agent was/w the an	limited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited large authorized by an affirmative vote of the members ticles of organization or the operating agreement of the florida member of amember of amember of a member of a member of a member of a member of a member.	of the registered of liability company, of the limited liab e limited liability of Nat Smith	fice and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in company.
I here provis the ob to men notific	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provided agent as provided agent as provided in the registered office address, led in writing of this change.	gree to act in this c e performance of n ed for in Chapter (   hereby confirm th	Printed or typed name of signee rapacity. I further agree to comply with the my duties, and I am familiar with and accept 505, F.S. Or, if this document is being filed at the limited liability company has been
Signat	Taylor Newman - Assistant Sure of Registered Agent	Secretary	