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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

Fax Number

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Enter the email address for this business entity to be used for furmere annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE STEVEN P EVERETT LLC

Certificate of Status	0
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Estimated Charge	\$25.00

NOV 1 7 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. Na	nme of the limited liability company: Steven	p Everett I	lc		
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)		
	05/27/2015	L150	00092830		
3.	Date of filing/registration in Florida	4.	Document number		
	CORRORATION SERVICE COMPANY				
5. (a)	Registered Agent and Registered Office shown on the record		'State'		
	1201 HAYS STREET	·			
	Registered Office Address (MUST BE FLORIDA STRE	2			
			DZII		
	TALLAHASSEE	_{.FL} 32301			
(h)	Registered Agents Inc.		PILED 2021 NOV 16 PM 9: 11 SECRETARY OF STATE TAULAHASSEE, FL		
	Enter name of NEW Registered Agent and/or NEW Regist	ered Office address:	E s		
	7901 4th St N		四百二		
	NEW Registered Office Address:				
	STE 300				
	St. Petersburg	, _{FL} 33702			
the cha agent was/wa	imited liability company is not organized under the inge or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite ere authorized by an affirmative vote of the membericles of organization or the operating agreement of	ss of the registered of ad liability company ers of the limited lia the limited liability	ffice and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in company.		
Siona	Rilling Tark. sture of a member or authorized representative of a member	Riley Parl	Printed or typed name of signee		
I here provis the obt to mer notific	by accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office addres d in writing of this change.	tete performance of vided for in Chapter	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed		