Division of Corporations **Electronic Filing Cover Sheet**

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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 : (855)330-1010

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C 1 1	Address:			
rmalı	Andress:			

LLC REGISTERED AGENT CHANGE **COILED CROWN LLC**

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SEP 2 8 2021

A. LUMT

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: Co	OILED C	RO'	WN L	LC		
2. (a)			(b)				
	Principal office address of limited liability (Note: MUST BE STREET ADDR	• •	Mailing address of limited liability company (<u>Note: MAY BE POST OFFICE BOX</u>)				•
	11/24/15		L	15000	198314		
3.	Date of filing/registration in Flo	rida	4.		Document number		
5. (a	GERVAIS, JESSICA						
J. (a	Registered Agent and Registered Office shown on	the records of the	Florida	Dept. of Stat	e.		
	18640 Nw 2nd Ave						
	Registered Office Address (MUST BE FLOR	IDA STREET AD	DRESS)		_	2021	
	#693217					SE	NON STORY
	Miami _{FL} 33269				_	2021 SEP 27	OF C
(b)	Registered Agents Inc.	·			_	AM 10:	08308 S. Jo. 2
(0)		Enter name of NEW Registered Agent and/or NEW Registered Office address:					<u> </u>
	7901 4th St N					7	<u> </u>
	NEW Registered Office Address:	NEW Registered Office Address:					
	STE 300		***************************************		un.		
	St. Petersburg	FL_3	3702		_		
the chagent was/w	limited liability company is not organized tange or changes are made, the Florida stre will be identical. Or, in the case of a Flori were authorized by an affirmative vote of the ticles of organization or the operating agre	et address of th da limited liab ie members of i	ie regisi ility con the limi mited li	tered offic mpany, it i ted liabili ability cor	e and the business office is hereby confirmed that ty company or as otherw	e of the re the chang	gistered (c(s)
	ature of a member or authorized representative of a		Rile	y Park	Printed or typed name of si		
			to aat	in this car			aith the
provis the ob- to mes notifie	eby accept the appointment as registered a sions of all statutes relative to the proper a oligations of my position as registered agen rely reflect a change in the registered office ed in writing of this change.	ind complete pe it as provided j e address, I he	erforma for in C reby co	nce of my hapter 60, nfirm that	-aunes, ana 1 am jamuna 5. F.SOr. if this docun	ir wun and ient is bei	r accept ng filed
<u> </u>	ure of Registered Agent	- Assistant S	secret	ary			