1/16/2023 05:23:52 PST 11/16/23, 8:21 AM	- To: 18506176383	Page: 1/2 Division of Corpora	From: Registered Agents Inc itions	Fax: 8134365206	
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	From: Account Name : REGISTERED AGENTS INC. Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206 *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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K. Brumblev

## 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.

(a)		(b)_		
	Principal office address of limited liability company: ( <i>Note: MUST BE STREET ADDRESS</i> )		Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	
	12/10/2015		5000206347	
	Date of filing/registration in Florida	4.	Document number	
. (a)	MLG SERVICES, LLC			
	Registered Agent and Registered Office shown on the records of the Florida Dept, of State:			
	7284 WEST PALMETTO PARK ROAD			
	Registered Office Address (MUST BE FLORIDA STREE			
(b)	SUITE 101			
	BOCA RATON	FL 33433	>	
	Registered Agents Inc	2023 NOV 1 6		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	<u></u>		
	7901 4th St N		- 「「「「」」「「「」」「「」」「「」」「」」「「」」「」」	
	NEW Registered Office Address	AN 0.		
	STE 300			
	St. Petersburg	33702		

the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Radiana annas	Robin Jones
Signature of a member or authorized representative of a member	Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

David Kuberts - Assistant Secretary

Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00