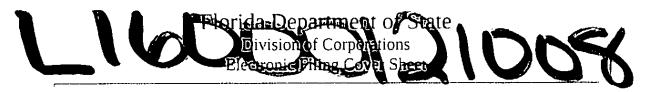
1/15/2025 18:47:42 PST To: 18506176383 Page: 1/2 Fax: 8134365206



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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LLC REGISTERED AGENT CHANGE 112 WPB LLC

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1/15/2025_a13:47;42 PST To: 18506176383 Pege: 2/2 Fex: 8134365206

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	ane of the limited liability company: 112 WPB	LLC	<u> </u>	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- (1	o)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		- -		
	06/23/16		L1600	0121008
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	SERBER & ASSOCIATES, P.A.			
(a)	Registered Agent and Registered Office shown on the records of th	e Florid	a Dept. of Star	ee:
	2875 NE 191 STREET SUITE 901			
	Registered Office Address (MUST BE FLORIDA STREET A)	DDRES	51	202
	AVENTURA , FL	33180)	F 11. 5 2025 JAN 15
(b)	Northwest Registered Agent L			報 5 15 10 11 11 11 11 11 11 11 11 11 11 11 11
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office ad	l <u>dress</u> :	. co
	7901 4th St N			
	NEW Registered Office Address:			-
	STE 300			_
	St. Petersburg, FL3	33702	2	_
the cha agent w was/we the arti	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liable of the light	he regi pility co the lin imited	stered offic ompany, it i nited liabilis	e and the business office of the registered is hereby confirmed that the change(s) ly company or as otherwise provided in
	ure of a member or authorized representative of a member	Printed or typed name of signee		
I hereb provision the oblit to mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I he I in writing of this change.	erform for in (ereby c	ance of mŷ Chapter 60! onfirm that	acity. I further garee to comply with the

Signature of Registered Agent