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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

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

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LLC REGISTERED AGENT CHANGE **CARRICH LLC**

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K. SALY

NOV 2 0 2024

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	ime of the limited liability company:		
2. (a)		(1)	(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)
	7901 4th St N STE 300		21030 FREDERICK RD STE G 132
	St. Petersburg FL 33702	_	GAITHERSBURG MD 20876-4133
	09/21/16		L16000177287
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	ELLIOTT, RICHARD JOHN		
(u)	Registered Agent and Registered Office shown on the records of t		
	168 SW PEACOCK BLVD		<i>ج</i> يّ
	Registered Office Address (MUST BE FLORIDA STREET A	<u>359</u> 29 2 7	
	APT 102		
	PORT ST LUCIE FL_	34986-3	SECONDA PH 4: 30 address:
(b)	Northwest Registered Agent LLC		平 7
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad	address:
	7901 4th St N		
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg FL.	33702	
the cha agent w was/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regi bility co f the lin	gistered office and the business office of the registered company, it is hereby confirmed that the change(s) imited liability company or as otherwise provided in
	·		at Smith
Signat	tire of a member or authorized representative of a member		Printed or typed name of signee
provisi the obli to mere	ons of all statules relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address. I he provided by writing of this change.	ce to ac perform I for in t erchy c	nct in this capacity. I further agree to comply with the mance of my duties, and I am familiar with and accept in Chapter 605, F.S. Or, if this document is being filed confirm that the limited liability company has been

Signature of Registered Agent