Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000340540 3)))



H220003405403ABCU

| To:<br>From:            | Account Number : I200900   | 7-6383<br>RED AGENTS       | INC.                     | LLAHASSEE, FL             |  |  |
|-------------------------|--|----------------------------|--------------------------|---------------------------|--|--|
| From:                   | Account Number : I200900   |                            | INC.                     | in (c                     |  |  |
|                         | From:  Account Name : REGISTERED AGENTS INC.  Account Number : I20090000081  Phone : (307)200-2803  Fax Number : (855)330-1010 |                            |                          |                           |  |  |
| **Enter the er annual r | mail address for this bus<br>eport mailings. Enter on<br>dress:  | iness entit<br>y one email | y to be use<br>address p | ed for futur<br>blease.** |  |  |
| T'                      | LLC REGISTERED   | AGENT CH                   | IANGE                    |                           |  |  |
| 50                      | 809 N FLAGLER AVE, LLC   |                            |                          |                           |  |  |
| 2122                    | Certificate of Status  |                            | 0                        |                           |  |  |
|                         | Certified Copy   |                            | 0                        |                           |  |  |
| : BRUMBLEY              | Page Count   |                            | 01                       |                           |  |  |
|                         | Estimated Charge \$25.00   |                            |                          |                           |  |  |
| OCT - 5 2022            |  |                            |                          |                           |  |  |

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## 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:  | BO9 N FLAC  | SLER A   | VE, LLC  |
|----------------------------|--|---|--|--|
| 2. (a)                     | , , ,  |   | (b)  |  |
| <u></u> (II)               | Principal office address of limited liab (Note: MUST BE STREET AD  |   | (0)  | Mailing address of limited liability company: (Note: MAY BE POST OFFICE RQX)   |
|                            |  |   |  |  |
|                            | 11/16/2016   |   | L1600  | 00210422   |
| 3.                         | Date of filing/registration in I   | Florida 4.  |  | Document number  |
| 5. (a)                     | Israel, Israel & Associates,   | P.A.  |  |  |
| ( <b>u</b> )               | Registered Agent and Registered Office shown   | on the records of the Flo   | orida Dept. of St                              | ate:   |
|                            | 6099 Stirling Road   |   |  |  |
|                            | Registered Office Address (MUST BE FL  | ORIDA STREET ADDR   | ESS)   | <b>20</b>  |
|                            | Ste 211  |   |  | 220<br>AL  |
|                            | David  | . FL 333  | 314  | FIL<br>2022 OCT -4<br>SECREDAY<br>TALLAHAS   |
|                            |  | <del></del>   |  | - ASS 4 [  |
| (b)                        |  |   |  | SSEEL FE   |
|                            | Enter name of <u>NEW Registered Agent</u> and/or   | NEW Registered Office   | e address:                                     |  |
|                            | 7901 4th St N  |   |  |  |
|                            | NEW Registered Office Address:   |   |  |  |
|                            | STE 300  |   |  |  |
|                            | St. Petersburg   | FL_337  | '02  |  |
| If the l                   | limited liability company is not organiz   | ed under the laws of  | the State of F                                 | Florida, it is hereby confirmed that after ce and the business office of the register  |
| agent was/w                | will be identical. Or, in the case of a Fi   | orida limited liability<br>f the members of the                       | y company, it<br>limited liabil                | is hereby confirmed that the change(s) ity company or as otherwise provided in   |
| $\infty$                   | ature of a member or authorized representative o   | 1   | Morgan N                                       | oble   |
| Signa                      | ature of a member or authorized representative o   | f a member  |  | Printed or typed name of signee  |
| provis<br>the ob<br>to mer | sions of all statutes relative to the propeoligations of my position as registered a rely reflect a change in the registered of this change. | r and complete perfo<br>gent as provided for<br>fice address, I hereb | ormance of m<br>in Chapter 6<br>by confirm the | pacity. I further agree to comply with the yduties, and I am familiar with and accesses. Or, if this document is being file the limited liability company has been |
| Signati                    |  | r - Assistant Se  | cretary  |  |
| อารูกอเเ                   | ure of Registered Agent  |   |  |  |