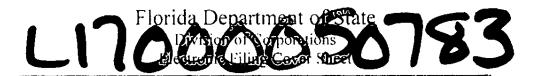
To: FL DIVISION OF CORPORATIONS

Division of Corporations



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Division of Corporations

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From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 Phone : (845)425-0077 Fax Number : (845)818-3588

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JUN 10 2022

K. Brumbley

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 organistered agent, or both, in the State of Florida.

1. N	ame of the limited liability company:	.DINGS, I	LC.	
2. (a)	615 CAPE CORAL PKWY W.	ı	709 CAPE	CORAL PKWY W.
- (,	Principal office address of limited liability company:			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	(<u>Note: MUST BE STREET ADDRESS</u>) CAPE CORAL, FL 33914		CAPE COI	RAL, FL 33914
	CALE CONTE, TE 33214			
	03/03/2017		L170000507	783
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	St, Clair			
J. (a.	Registered Agent and Registered Office shown on the records of	of the Flori	da Dept. of Stati	- v:
	615 Cape Coral Pkwy W			
	Registered Office Address (MUST BE FLORIDA STREET	TADDRE.	SS)	-
	CAPE CORAL , I	ار.33914		2022
(b)	Veorn Services, LEC			PIL PIL PIL PIL PIL PIL
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			
	1200 South Pine Island Road			PH 4:
	NEW Registered Office Address:			
	Plantation	33324		-
	, [٠ ــــــــــــــــــــــــــــــــــــ	<u> </u>	-
chang agent was/w	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lagere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the members.	ne registe liability of s of the li se limited	red office and company, it is mited liability liability con	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
Vian	ature of a member or authorized representative of a member	- 18	ylor Lolya	Printed or typed name of signee
I here provis the ob- to men notifie	ely accept the appointment as registered agent and assistors of all statutes relative to the proper and completeligations of my position as registered agent as provide rely reflect a change in the registered office address, and in writing of this change.	gree to a te perfort led for in I hereby	et in this cape nance of my Chapter 603 confirm that	acity. I further agree to comply with the
Signal	ure of Registered Agent			