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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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LLC REGISTERED AGENT CHANGE SHOOD RESTORE LLC

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T. LEMIEUX

MAY 1 6 2023

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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.

Name of the limited liability company: SI	HOOD RES	TORE L	LC		
(a) Principal office address of limited liability (Note: MUST BE STREET ADDR			iling address of lim Note: MAY BE PO		
4530 S. Orange Blossom Tr	ail #674	4530 S (Drange Blos	som Tra	ail #674
Orlando Fl 32839		Orlando fle	orida 32839		
04/03/2017		L17000	074316		
Date of filing/registration in Flo	rida 4.	D	ocument numbe	 Эг	
(a) STEPHEN, HOOD C					
Registered Agent and Registered Office shown on	the records of the Florid	a Dept. of State.			
4530 S ORANGE BLOSSOM	1 TRAIL				
Registered Office Address (MUST BE FLOR	DA STREET ADDRES.	<u>S)</u>			
#674					
ORLANDO	FL 3283	9			
	, Tla				
, Registered Agents Inc					
Enter name of NEW Registered Agent and/or NE	W Registered Office ad	ldress:			
7901 4th St N					
NEW Registered Office Address:					
STE 300			į	.	
					2023 P
St. Petersburg	_{. FL_} 33702	2			
e limited liability company is not organized change or changes are made, the Florida street will be identical. Or, in the case of a Floridavere authorized by an affirmative vote of the articles of organization or the operating agree of the company of the operation of the operating agree of the company of the operating agree of the operating agree of the operation of the operating agree of the operation of the ope	et address of the regi da limited liability co e members of the lin ement of the limited	stered office a ompany, it is haited liability of a property of a property of the company of th	nd the business ereby confirmed company or as of	office of the	e registe Jange(s) Svided i n
nature of a member or authorized representative of a r	_		rinted or typed nam		'

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 mereflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

David Roberts - Assistant Secretary

Signature of Registered Agent

Signature of a member or authorized representative of a member