## Florida Department of State Division of Corporations

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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

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC REGISTERED AGENT CHANGE LICENSE TO WASH, LLC

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY $$^{\circ}_{\circ}$$

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

2. (a)								
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  5345 SE 22nd Pl,	(b	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  5345 SE 22nd Pl,					
	Ocala FL		Ocala FL 34480					
3.	06/05/2017  Date of filing/registration in Florida	- 4.	L17	7000122805 Document nui	mber			
	LEGALCORP SOLUTIONS, LLC Registered Agent and Registered Office shown on the records of		Dept. of Stat	_				
	3440 W HOLLYWOOD BLVD.  Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS	2	_				
(b)	HOLLYWOOD FI.  Registered Agents Inc.	3302	21			2022 APR	يخ	
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:  7901 4th St N			_		-8 P#	PROVEL AND FILED	
	NEW Registered Office Address: STE 300				7.7	2: 19	ζ_	
	St. Petersburg , FI.	33702	2	<b></b> -				
the cha agent v was/we the arti	imited liability company is not organized under the lange or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members coles of organization or the operating agreement of the	the regi ability co of the lin	stered offic impany, it i nited liabilit	e and the busin is hereby confu ty company or a	ess office med that	or the the ch	e registered ange(s)	
Signal	ture of a member or authorized representative of a member		Riley	Park Printed or typed	name of sig	nee		
Lleana	by accept the appointment as registered agent and age ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I I in writing of this change.	ree to ac perform d for in hereby c	t in this cap ance of my Chapter 60, onfirm that	pacity. I further duties, and I ar 5, F.S. Or, if th the limited lial	r agree to m familian iis docum bility com	comp with ent is i pany h	ly with the and accept being filed as been	