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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

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

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 PROPREVS, LLC

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NOV 0 3 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 or registered agent, or both, in the State of

Floride						
L. No	une of the limited liability company: PROPI	REVS,	LLC			
2. (a)		(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		7901 4th St N STE 300			
	St. Petersburg FL 33702		St. Petersburg FL 33702			
	07/11/17		L17000	0148250		
3.	Date of filing/registration in Florida	4.		Document number	г	
5. (a)	UNITED STATES CORPORATION	AGENT	S, INC.			
	Registered Agent and Registered Office shown on the record			:		
	5575 S. SEMORAN BLVD					
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS	2			
	SUITE 36					
	ORLANDO	, _{FL} 32822	<u> </u>		2027 1 . 1.	
(b)	Registered Agents Inc				2022 NOV	
(-7)	Enter name of NEW Registered Agent and/or NEW Regist	tered Office ad	dress:		<u> </u>	三
	7901 4th St N				3	
	NEW Registered Office Address:				हा <u>न</u> स	
	STE 300				<u> </u>	
	St. Petersburg	. FL_33702)			
the cha agent v was/wa	imited liability company is not organized under the organized under the organized under the florida street address will be identical. Or, in the case of a Florida limite ere authorized by an affirmative vote of the membicles of organization or the operating agreement of	ss of the regis ed liability co ers of the lim	stered office ompany, it is oited liability	and the business of thereby confirmed company or as ot	office of the I that the ch	e registered lange(s)
T2 :1	Test.		ey Park			
Siena	ture of a member or authorized representative of a member	- 	·····	Printed or typed name	e of signee	

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

Sec 1 Bill Havre - Assistant Secretary

Signature of Registered Agent