Florida Department of Division of Corporations

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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 LAWRENCE DAVIS, LLC

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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.

| i. Na | me of the limited liability company: Lawrence | e Davis Li | LC |
|---|--|--|--|
| !. (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) |
| | 07/00/17 | | 000155515 |
| 1 | 07/20/17 | | Document number |
| S. | Date of filing/registration in Florida | 4. 051/70 11/0 | |
| i. (a) | UNITED STATES CORPORATION A | | |
| | Registered Agent and Registered Office shown on the records of | the Florida Dept. of | State: |
| | 5575 S. SEMORAN BLVD | | |
| | Registered Office Address (MUST BE FLORIDA STREET) | ADDRESS) | |
| | SUITE 36 | | |
| | ORLANDO 121 | 32822 | |
| | , PI | · | 202 |
| (b) | Registered Agents Inc. | | |
| (0) | Enter name of NEW Registered Agent and/or NEW Registered | Office address: | F/L 2022 JUL 22 |
| | 7901 4th St N | | , - y - 4 - |
| | NEW Registered Office Address: | | <u>*</u> |
| | STE 300 | | ـــ ــــ ـــــ ــــــــــــــــــــــ |
| | St. Petersburg | 33702 | |
| he cha igent v was/we | imited liability company is not organized under the launge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited light ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the | f the registered of ability company, of the limited liab | ffice and the business office of the registere it is hereby confirmed that the change(s) pility company or as otherwise provided in company. |
| Signa | ture of a member or authorized representative of a member | | Printed or typed name of signee |
| I here provisi the obl to mer notifie | by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I d in writing of this change. | performance of a d for in Chapter hereby confirm t | capacity. I further agree to comply with the my duties, and I am familiar with and accep 605. F.S. Or, if this document is being filed hat the limited liability company has been |
| u N | re of Registered Agent | nt Secretary | |

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00