To: 18506176383

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From: Registered Agents Inc.

Fax: 8134365206

Division of Corporations



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Account Name : REGISTERED AGENTS INC.

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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.

1. N	ame of the limited liability company:	DINGS, LLC	
2. (a)			
	Principal office address of timited liability company, (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
2	11/14/17		0235755
3.	Date of filing/registration in Florida	4,	Document number
5. (a)		***************	
	Registered Agent and Registered Office shown on the records of t	he Florida Dept. o	of State.
	Registered Office Address <u>(MUST BE FLORIDA STREET A</u>	DDRESS)	
	1215 E Concord St		
	Orlando, FL_	32803	
	Northwest Registered Agent LLC		2023
	Enter name of NEW Registered Agent and/or NEW Registered Office address:		2023 OCT 12 2023 OCT 12
	7901 4th St N		
	NEW Registered Office Address:	<u> </u>	PH
	STE 300	<u> </u>	—— <u> </u>
	St. Petersburg, F1.	33702	
the cha agent v was/wa	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited ha ere authorized by an affirmative vote of the members o icles of organization or the operating agreement of the l	the registered of bility company of the limited lia bimited liability	office and the business office of the registered that the change(s) ability company or as otherwise provided in
-	ing the first production of the contract of th	Nat Smith	
•	iture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obt to merc	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address. I h d in writing of this change.	performance o, l fòr in Chaptè verchy confirm	s capacity. I further agree to comply with the I my duties, and I am lamiliar with and accept is 605, F.S. Or, if this document is being filed that the limited liability company has been
	Taylor Newman - Assistant Se	cretary	
Sifagin	ire of Registered Agent		