To: 18506176383

4/29/2024 14:15:41 PDT 4/29/24, 5:05 PM

Fax: 8134365206



Division of Corporations

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er 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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REPENDENCO 24 APPR 30 AMIN 05

To. 18506176383

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.

(a)		(b)	
	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		Mailing address of limited liability company (<u>Note: MAY BE POST OFFICE BOX</u>)
	7901 4th St N STE 300	12:	280 SW 93 Ct
	St. Petersburg, FL 33702	<u>Mia</u>	ami, FL 33176
	12/01/17	L170	000246781
	Date of filing/registration in Florida	4.	Document number
(a)	WELLS & WELLS, P.A.		
()	Registered Agent and Registered Office shown on the records of	f the Florida Dep	1. of State:
	901 PONCE DE LEON BLVD.		
	Registered Office Address (MUST BE FLORIDA STREET	"ADDRESS]	
	SUITE 200		
	CORAL GABLES, F	L_33134	
(b)	Registered Agents Inc		2024 AT 22
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office address	
	7901 4th St N		30 :
	NEW Registered Office Address:		
	NEW Registered Office Address: STE 300		5

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Robin Jones

Refer to a factory of a member of a uthorized representative of a member

Printed or typed name of signce

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.

David Roberts Assistant Secretary Juvid K-opents

Signature of Registered Agent

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