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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.

3:47	_Emai	l Address:				
H-8 -8-		LLC REGISTERED AGENT CHANGE MAHEO LLC			22	
2022 FEB	7) 7) 7)	Certificate of Status	0	1.	FE8	
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T. LEMIEUX FEB 09 2022

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Nan	ne of the limited liability company: Maheo	LLC	
(a) _		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OF FICE BOX)
-	12/19/17		7000258011
	Date of filing/registration in Florida	4.	Document number
(11)	UNITED STATES CORPORATION		
i	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 STREE	ET ADDRESS)	
	SUITE 36		
	ORLANDO	_{FL} 32822	
. L'7 ~	Registered Agents Inc.	22	
į	Enter name of NEW Registered Agent and/or NEW Register	red Office address:	
	7901 4th St N		
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg	FL 33702	——————————————————————————————————————
char int w s/wei artic	mited liability company is not organized under the rige or changes are made, the Florida street address ill be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the member cles of organization or the operating agreement of the companion of the companion of the operating agreement of the companion of a member or authorized representative of a member	of the registered I liability compar rs of the limited l the limited liabili	office and the business office of the registery, it is hereby confirmed that the change(s) iability company or as otherwise provided it
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Division of Corporations• P.O. Box 6327• Tallahassec, FL 32314 FILING FEE: \$25.00

- Assistant Secretary

Bill Havre

Signature of Registered Agent