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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

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LLC REGISTERED AGENT CHANGE CAAM INVESTMENTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

## 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.

2. (a)		(h								
Principal office address of limited liability c (Nate: MUST BE STREET ADDRE	•		M	ailing address of limit ( <u>Note: MAY BE PO</u>			-			
7901 4th St N STE 300			7901 4t	h St N STE 3	00					
St. Petersburg FL 33702		St. Petersburg FL 33702								
02/13/18			L18000	0040469						
. Date of filing/registration in Flori	da 4.	-		Document number	-					
. (a) CANDIS-WILFALK, ANGELA										
Registered Agent and Registered Office shown on the	he records of the Fl	orida	Dept. of State.							
Registered Office Address (MUST BE FLORID	DA STREET ADDR	RESS	<u></u>							
210 Leaflet Lane			<u>.                                    </u>							
SPRING	. FL 773	388	<b>,</b>			2023				
Northwest Registered A		_				3 FEB				
Enter name of NEW Registered Agent and/or NEV			dress:		• -	324	- TE 25			
7901 4th St N						72	SE			
NEW Registered Office Address.						. <del></del>				
STE 300						32				
St. Petersburg	. <sub>FL</sub> 337	702	2							
f the limited liability company is not organized un ne change or changes are made, the Florida street										
gent will be identical. Or, in the case of a Florida cas/were authorized by an affirmative vote of the ne articles of organization or the operating agreer	a limited liabilit members of the	y co Tim	ompany, it is nited liability	hereby confirmed company or as of	that tl	ne chan	gc(s)			
Signature of a member or authorized representative of a me			٨	IAT SMITH						
Signature of a member or authorized representative of a me	ember			Printed or typed name	of sign	re				

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

Taylor Newman - Assistant Secretary

igd in writing of this change.

Signature of Registered Agent