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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

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED ÅGENT 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)	Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS)	(b)	M	ailing address of limite (<u>Note: MAY BE POS</u>			
	03/07/2018			060630			
	Date of filing/registration in Florida	4.	[Document number			_
. (a)	Florida Registered Agent LLC						
. (a)	Registered Agent and Registered Office shown on the records	of the Florida	Dept. of State:				
	7901 4TH STREET NORTH						
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS	<u></u>				
	SUITE 300						
	ST. PETERSBURG	_{FL_} 33702				2022	
(b)	Registered Agents Inc.					2022 HAY 27	
()	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registe</u>	red Office add	ress:			27	
	7901 4th St N				· 	PĦ 3:	GÓ
	NEW Registered Office Address:					сл Сл	
	STE 300				•	7	
	St. Petersburg	_{FI} 33702					

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.

Rilmy tak Signature of a member or authorized representative of a member

Riley Park

Printed or typed name of signee

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.

Bill Havre - Assistant Secretary

Signature of Registered Agent

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

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