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Account Number : I20090000081 Phone

: (307)200-2803

Fax Number

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AUG 0 1 2019

M. SOLOMON

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. Ni	ume of the limited liability company: 243 Bra	nds LL	С				
2. (a)	7901 4th St N	(h)	(b) 7901 4th St N				
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	STE 300	•	STE 300 St. Petersburg FL 33702				
	St. Petersburg FL 33702						
	3/26/2018	L	180000	76814			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	SNELLING, DEBBIE						
(11)	Registered Agent and Registered Office shown on the records of	of the Florida D	ept. of State:	:			
	306 South Boulevard						
	Registered Office Address (MUST BE FLORIDA STREET)	<u>FADDRESS)</u>			•		
	Tampa	-L_33606			# 15 m	201 8 JU	-:
(b)	Registered Agents Inc.				ا مراد مدارین مدارین	<u>၂</u> သ	,
()	Enter name of NEW Registered Agent and/or NEW Registered	ed Office addr	<u>ess</u> :		4, 51	<u> </u>	ſΥ
	7901 4th St N				17 S	JUL 31 AMT1: 33	
	NEW Registered Office Address:				- C	C.	
	STE 300						
	St. Petersburg	33702					
the cha agent was/w	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the registe liability com s of the limite ne limited lia	ered office apany, it is ed liability bility com	and the business of hereby confirmed to company or as other	fice of the that the c	ne regis hange(s	itered s)
	Record 12k.	Riley	Park	Daine does to make a summer	of America		
I hare provis the ob- to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provic ely reflect a change in the registered office address, d in writing of this change.	te performan ded for in Ch I hereby con	ice of my a apter 605, firm that t	tuttes, and Fam fam F.S. Or. if this doc	e to com iliar with cument is	n ana a s being	ccept filed

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

Signature of Registered Agent