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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081

Phone

: (307)200-2803

Fax Number

: (813)436-5206

**Enter 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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Min - 3 2024

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 Standes, 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)	526 SW Cyrilla Trail	b) 526 SW Cyr	rilla Trail							
	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)			iailing address o (Note: MAY B						
	Port Saint Lucie, Florida 34953	<u> </u>	Port Saint Lu	icie, Florida 3	34953	· <u>-</u>				
	06/06/18		L1800014013	4						
	Date of filing/registration in Florida	4.		Document nu	mber					
(a)	UNITED STATES CORPORATION AGENTS, INC.									
1	Registered Agent and Registered Office shown on the records of the Florida Dept. of State									
	476 RIVERSIDE AVE.									
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)									
					, gr	207				
(b) _	JACKSONVILLE FI			ALL	2024 MAR	'-Ţ				
	Registered Agents Inc				ALLAHASSEE.	2	i L Language			
	Enter name of NEW Registered Agent and/or NEW Registered	d Office ac	idress:		Š.	PH				
	7901 4th St N			PH 12: 36	C,					
	NEW Registered Office Address				(7)	٠.				
	STE 300									
	St. Petersburg	33702								
		-	D	ida it is hors	hu contin	مارا باد	ai afti			
a 1	imited liability company is not organized under the la	we at the								

Region Conser	Robin Jones
Signature of a member or authorized representative of a member	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.

David Roberts - Assistant Secretary
Signature of Registered Agent