Florida Department of State

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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.

Email Address:

LLC REGISTERED AGENT CHANGE 1663 RICHARD ALLEN DR.LLC

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J. 7 6 2023 , Brumbiey

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.

| i. Na | ame of the limited liability company: | ALLEN DR.L | LC | | |
|--|--|---|---|--|--|
| 2. (a) | 7901 4th St N | (h) | (b) 7901 4th St N | | |
| - . () | Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS) | | | Mailing address of limite (Note: MAY BE POS | - · · · · |
| | STE 300 | ; | STE 300 | | |
| | St. Petersburg FL 33702 | | St. Petersh | ourg FL 33702 | |
| | 08/07/18 | L1 | .80001887 | '89 | |
| 3. | Date of filing/registration in Florida | 4. | | Document number | |
| 5. (a) | INCORP SERVICES, INC. | | | | |
| J. (u) | Registered Agent and Registered Office shown on the records of | the Florida D | ept. of State | – e: | |
| | 3458 LAKESHORE DRIVE | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET) | ADDRESS) | | - | |
| | | | | | |
| | TALLAHASSEE | 22212 | · • | - | |
| (b) ₋ | , FL | 32312 | | - | |
| | Registered Agents Inc | | | | 20 |
| | Enter name of NEW Registered Agent and/or NEW Registered | Office addr | <u></u> : | - | : - h :- h :- h 2023 JUN 1 5 |
| | | | | | <u></u> |
| | 7901 4th St N | | | _ | - 5 产 ² - |
| | NEW Registered Office Address: | | <u>-</u> | _ | P |
| | STE 300 | | | | ည် |
| | | | | _ | .: |
| | St. Petersburg | 33702 | | | + |
| the cha agent v was/wa the arti | imited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the | the registe ability com of the limite | red office pany, it i ed liabilit bility con | e and the business of is hereby confirmed by by company or as oth | ffice of the registered that the change(s) |
| Signa | Reham Janey ture of a member or authorized representative of a member | | | Printed or typed name | of signee |
| I here provisi the obl to mer notified | by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change. And Comes David Roberts Assistant S. | performan ed for in Ch hereby con | n this cap ice of my apter 605 firm that | acity. I further agre duties, and I am fan 5, F.S. Or, if this do the limited liability | te to comply with the ulliar with and accept cument is being filed company has been |
| ~ | re of Registered Agent | | | | |