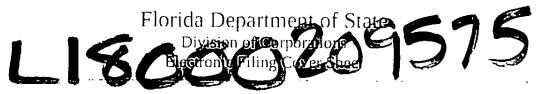
Division of Corporations



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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

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10/2/2023 12/53:44 PQT Tc: 18506176383 Page: 2/2 From: Registered Agents Inc. Fax: 8134365206

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. 8	fame of the limited liability company.	CES LLC	
2. (a		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	08/31/18	L18000	0209575
3.	Date of filing/registration in Florida	4.	Document number
5. (a	, Darreff, Edward Dean		
(b)	Registered Agent and Registered Office shown on the records of		
	3440 W HOLLYWOOD BLVD.		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	SUITE 415		
	HOLLYWOOD	L_33021	2023
	Registered Agents Inc		APPROVED AND FILED FILED AND FILED A
	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:	- 2 Fig.
	7901 4th St N		PM 12
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg, FI	I	
the chagent was w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the registered of iability company of the limited lia	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company.
Sign	ature of a member or authorized representative of a member	-	Printed or typed name of signee
provi: the of to me natific	by accept the appointment as registered agent and ag sions of all statues relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I give in writing of this change. David Roberts - Assistant S	e performance o ed for in Chapte hereby confirm	s capacity. I further agree to comply with the f my duties, and I am familiar with and accept r 605, F.S. Or, if this document is being filed that the limited liability company has been

Signature of Registered Agent