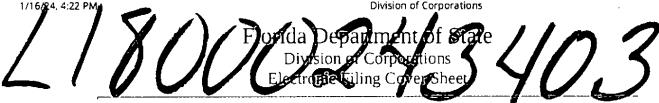
Division of Corporations



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

Fax Number

: (813)436-5206

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K. SALY

JAN 1 7 2024

1/16/2024 13:24.25 PST To: 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 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.

2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 10/16/18 1	i. N	ame of the limited li	ability company:	EEFF AGENCY,		
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 10/16/18	2. (a)				(b)	
Date of filing/registration in Florida 4. Document number 5. (a) UNITED STATES CORPORATION AGENTS, INC. Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address MUST BE FLORIDA STREET ADDRESS 476 RIVERSIDE AVE. JACKSONVILLE FL 32202		Principal office	address of limited liabil	lity company:		Mailing address of limited liability company:
Segistered Agent and Registered Office shown on the records of the Florada Dept. of State: Registered Agent and Registered Office shown on the records of the Florada Dept. of State: Registered Office Address					L1800	
Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address	3.	Date of fil	ing/registration in F	lorida	4.	Document number
Registered Office Address [MUST BE FLORIDA STREET ADDRESS] 476 RIVERSIDE AVE. JACKSONVILLE [Buter name of NEW Registered Agent and/or NEW Registered Office address: 7901 4th St N NEW Registered Office Address: STE 300 St. Petersburg [FL 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 gent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the changes 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. Sugnature of a member of authorized representative of a member Printed or typed name of signee Thereby 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 603. For, if this document is being file 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	5 (2	, UNITED STATES CO	DRPORATION AGEN			
ACKSONVILLE FL 32202 FL 322	<i>5.</i> (a	***************************************	Registered Office shown	on the records of	the Florida Dept.	of State:
NEW Registered Office Address: STE 300 St. Petersburg St. Petersburg St. Petersburg FL. 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 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. Sugnature of a member of 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 lamiliar 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 file to mercily reflect a change in the registered affect address. I hereby confirm that the limited liability company has been notified in writing of this change. David Roberts Assistant Secretary		Registered Office Add	ress (MUST BE FLO	RIDA STREET .	ADDRESS)	
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St. Petersburg		7901 4th St N				1: 36 1: 36
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