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MAR = 8 2023

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.

2. (a)	e of the limited liability company: 792								
	Principal office address of limited liability of the MUST BE STREET ADDRESS.					Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
_									
	10/31/2018			L18000	256249				
3.	Date of filing/registration in Floric	da	4.	"	Document nu	mber			
5. (a) _	LEGALINC CORPORATE SERVI	CES INC.				-			
Re	egistered Agent and Registered Office shown on th	ie records of the	Florida De	pt. of State		•	2023 1:10		
_	476 RIVERSIDE AVE.								
R	egistered Office Address (MUST BE FLORID	<u>a street ad</u>	DRESS)				7-7	7.1 - 7.1	
_	JACKSONVILLE	, FL	32202			5 -	PH 2:	C	
. F	Registered Agents Inc						0		
	nter name of NEW Registered Agent and/or NEW	V Registered O	ffice addre	881					
	7901 4th St N	·							
<u>Z</u>	EW Registered Office Address.								
5	STE 300								
5	St. Petersburg	. FL 3	3702						
the chang agent will was/were the article	ited liability company is not organized unter or changes are made, the Florida street be identical. Or, in the case of a Florida authorized by an affirmative vote of the cs of organization or the operating agreen	address of the limited liab members of the lin	ne registe: ility comp the limite	red office pany, it is d liability pility com	and the busin hereby confi company or	ness officiency of the results of th	e of the ch	e registere iange(s)	
		mber		NU	Printed or typed	I name of s	ıgnec		
Signature	e of a member of authorized representative of a me								
I hereby provision the obliga- to merely	accept the appointment as registered age s of all statutes relative to the proper and tions of my position as registered agent to reflect a change in the registered office of which was this change	nt and agree	to act in erformand for in Cha reby conf	this capa ce of my a ipter 605, irm that i	icity. I furthe luties, and I a F.S. Or, if t he limited lia	r agree (m famili his docu bility co	o comp ar with nent is npany	oly with the and accep being filed has been	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

Signature of Registered Agent