Division of Corporations

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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 : (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.\*\*

Email	Address	:		
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## LLC REGISTERED AGENT CHANGE **ACHILLES SHIELD LLC**

Certificate of Status	0
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## 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. N	ame of the limited liability company:  Achilles Shield LLC	C	
		(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)
	01/01/19	 L18000289	118
3.	Date of filing/registration in Florida	4.	Document number
5. (a	, HINDLE, STEPHEN D		
5. (a)	Registered Agent and Registered Office shown on the records of t		
	Registered Office Address (MUST BE FLORIDA STREET A	IDDRESS)	_
	19105 TRACY COURT		_
	LUTZ, FL_	33548	20;
			2023 NOV -
(b)			<del>V</del> _ ¬ _ <del>1</del>
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	二 二 二 二 二 二 三宝玉
	7901 4th St N		
	NEW Registered Office Address:		<del>-</del> - <del>-</del> <del>-</del> - <del>-</del> <del>-</del> - <del>-</del> <del>-</del> - <del>-</del>
	STE 300		<b>O</b>
	St. Petersburg, FL	33702	_
the ch agent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the registered office ability company, it If the limited liabili	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
Sign	ature of a member or authorized representative of a member	<u> </u>	Printed or typed name of signee
There provis the ob to men notifice	thy accept the appointment as registered agent and agreeions of all statutes relative to the proper and complete digations of my position as registered agent as provided by reflect a change in the registered office address. I had in writing of this change.  David Comp.  Assistant Se	performance of my I for in Chapter 60 iereby confirm tha	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
	ure of Registered Agent	. Gretary	