3/11/2021

Division of Corporations

Florida Department of State
Division of Corporations
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Account Name : LIFEBOAT REGISTERED AGENTS, LLC

Account Number : I20210000016 Phone : (407)273-1045 Fax Number : (407)273-1058

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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.

2. (n)  Principal office address of limited liability company: (Note: MIST BE STREET ADDRESS)  3400 S TAMIAMI TR., STE 300  SARASOTA, FL 34239  LONGBOAT KEY, FL 34228  12/28/2018  L19000002127  3. Date of filing/registration in Florida 4. Document number  5. (a)  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  RODRIGUEZ, THIARA M  Registered Office Address (MUST BE FLORIDASTREET ADDRESS)  560 BAY ISLES RD #8264  LONGBOAT KEY  FL 34228  (b)  Enter usine of NEW Registered Agents, LLC  NEW Registered Office Address; 3700 S. Conway Road, Suite 100  Orlando  FL 32512  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 of the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of rampation or the operating agreement of the limited liability company or as otherwise provided in the articles of rampation or the operating agreement of the limited liability company or as otherwise provided in the articles of rampation or the operating agreement of the limited liability company or as otherwise provided in the originate of rampation or the operating agreement of the limited liability company or as otherwise provided in the articles of rampation or the operating agreement of the limited liability company or as otherwise provided in the articles of rampation are registered agent and agree to acut the this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete perfections of a registered agent and agent as privately for M. F.y., Or, if this document is being filed to merely reflect a change in the registered affect acute and agent as privately for members. The provisions of all statutes relative to the proper and complete for members. The further agree to comply has been a	1.	Na	me of the limited liability company:	o, LLC						
1278/2018  1278/2018  1.19000002127  3. Date of filing/registration in Florida 4. Document number  5. (a)  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  RODRIGUEZ, THIARA M  Registered Office Address (MUST RE FLORIDA STREET ADDRESS)  560 BAY ISLES RD #8264  LONGBOAT KEY  FL 34228  (b)  Enter name of NEW Registered Agents. LLC  NEW Registered Agents. LLC  NEW Registered Office Address: 3700 S. Conway Rond, Suite 100  Orlando  Orlando  FI. 32812  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 agent will be identiced. Or, in the case of a Florida intrincible liability company, it is breetby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or no otherwise provided in the articles of organization or the operating agreement of the limited liability company or as otherwise provided in the articles of organization are registered agent and agree to act in this capacity. I further agree to comply with the provisions of all stantuse relative to the proper and complete performance of my duties, and I can face to comply with the provisions of all stantuse relative to the proper and complete performance of my duties, and I can face to comply with the provisions of all stantuse relative to the proper and complete performance of my duties, and I can face to comply with the provisions of all stantuse relative to the proper and complete performance of my duties, and I can face to comply with the provisions of all stantuse relative to the proper and complete performance of my duties, and I can face to comply with the provisions of all stantuse relative to the proper and complete performance of my duties, and I can face to comply with the provisions of all stantuse relative to the proper and complete performance of m	2. (a)		Principal office address of limited liability company:				Mailing address of limited liabilit	y comp	any:	
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