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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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LLC REGISTERED AGENT CHANGE UR3NA, LLC

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HOV 01 2022 K. Brumbley

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	lame of the limited liability company: UR3	3NA, LLC	
2. (a)	Principal office address of limited liability cor	•	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS		(<u>Note: MAY BE POST OFFICE BOX</u>)
	01/04/2019		L19000007420
3.	Date of filing/registration in Florida	a 4.	Document number
5. (a) URENA, LAUREL		
·	Registered Agent and Registered Office shown on the	records of the Florida Dep	it, of State,
	1228 E. 7th Ave.		
	Registered Office Address (MUST BE FLORIDA	(STREET ADDRESS)	
	Suite 200		20:
	TAMPA	FL33605	22 NO
(b)	Registered Agents Inc		APPR APPR ADDZZ NOV - 1
(0)	Enter name of NEW Registered Agent and/or NEW	Registered Office address	PA COY
	7901 4th St N		5
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg	, _{FL} 33702	
the chagent was/v	will be identical. Or, in the case of a Florida	address of the registere limited liability compa nembers of the limited	ed office and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in
Sign	ature of a member or authorized representative of a mem	nber	Printed or typed name of Signee
provi. The ol to me	eby accept the appointment as registered agen sions of all statutes relative to the proper and oligations of my position as registered agent a rely reflect a change in the registered office a ed in writing of this change.	nt and agree to act in t complete performance is provided for in Chaj ddress, I hereby confi	his capacity. I further agree to comply with the e of my duties, and I am familiar with and accep oter 605, F.S. Or, if this document is being filed rm that the limited liability company has been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

- Assistant Secretary

Bill Havre

Signature of Registered Agent