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Division of Corporations Fax Number : (850)617-6383

From:

:	REGISTERED AGENTS INC.
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	:

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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.

	(b)	
Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BOX</u>)
02/08/2019	L190	000033710
Date of filing/registration in Florida	4.	Document number
FRY, MEGAN F		
Registered Agent and Registered Office shown on the records of	the Florida Dept	, of State:
125 E INTENDENCIA ST		
Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	SECILE IAN 2
PENSACOLA	L_32502	
Northwest Registered Agent LLC		AHASSE
Enter name of NEW Registered Agent and/or NEW Registere	d Office address:	
7901 4th St N		
NEW Registered Office Address:		
STE 300		
St. Petersburg	L33702	
	02/08/2019 Date of filing/registration in Florida FRY, MEGAN F Registered Agent and Registered Office shown on the records of 125 E INTENDENCIA ST Registered Office Address (MUST BE FLORIDA STREET) PENSACOLA Northwest Registered Agent LLC Enter name of NEW Registered Agent and/or NEW Registere 7901 4th St N NEW Registered Office Address: STE 300	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>) 02/08/2019 L190 Date of filing/registration in Florida 4. FRY, MEGAN F Registered Agent and Registered Office shown on the records of the Florida Dept 125 E INTENDENCIA ST Registered Office Address (<u>MUST BE FLORIDA STREET ADDRESS</u>) PENSACOLA . FL 32502 Northwest Registered Agent LLC Enter name of <u>NEW Registered Agent and/or NEW Registered Office address</u> 7901 4th St N <u>NEW</u> Registered Office Address: STE 300

Signature of a member or authorized representative of a member

Taylor Newman

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 familiar 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 filed 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.

- Assistant Secretary

Signature of Registered Agent

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