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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name: REGISTERED AGENTS INC.

Account Number: 120090000081 : (307)200-2803 Phone Fax Number : (855)330-1010

> **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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LLC REGISTERED AGENT CHANGE WASHINGTON ODD JOBS LLC

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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.	Na	me of the limited liability company: Washingto	on O	dd Jol	os LLC		
2. (249 ROYAL CT.	(b) 249 ROYAL CT.				
<i>∸.</i> ₹	,u <i>j</i>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
		DELRAY BEACH, FL 33444	_	DELRA	Y BEACH, FL 334	144	
			-	** -			
		02/20/2010	-	_190000)58434		
3.		02/28/2019 Date of filing/registration in Florida	4.		Document number		
J.					Document intitioes		
5.	(a)	UNITED STATES CORPORATION AGENTS,		D C.C			
		Registered Agent and Registered Office shown on the records of the	e rionda	Dept. of State		207	
		5575 S. SEMORAN BLVD	unree:		SEOKETARE DE SE TALLAFASSEE, E	2020 FEB	٠ ٠٨٠ ٠
		Registered Office Address (MUST BE FLORIDA STREET AL	iukess)			EB	own's
		SUITE 36				_	7 · · ·
		ORLANDO FL3	32822		ž.	A	
(b)	Registered Agents Inc. Enter name of NEW Registered Agent and/or NEW Registered O	office add	ress:	25 AE	AM 10: 35	المسيدة
		7901 4th St N					
		NEW Registered Office Address:			•		
		STE 300					
		St. Petersburg	3702				
the age was the	cha nt v /we arti	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he regis sility co the limi mited li	tered office mpany, it is ited liability	e and the business office of s hereby confirmed that the y company or as otherwis	of the re ne chang	gistered gc(s)
Si	gnal	ture of a member or authorized representative of a member		<u>, </u>	Printed or typed name of sign	ue	
I he protection not	erel visi obl nere ijjed	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete paigations of my position as registered agent as provided ely reflect a change in the registered office address, I he lim writing of this change. Bill Havre - Assistant are of Registered Agent	erformo for in C ereby co	ince of my o hapter 605 infirm that	acity. I further agree to c duties, and I am familiar i, F.S. Or, if this docume the limited liability comp	omply with an ut is bei any has	with the d accept ng filed been