4/24/25, 9:41 AM Division of Corporations

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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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Apr 24, 2023 <u>06</u>12 , To: -18506176383 Page: 2/2 Fax: 18134365206

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. (a)		(h)	
	Principal office address of limited frability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)
	05/18/19	 L1900	0134167
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Newman, Taylor		
	Registered Agent and Registered Office shown on the records of 7901 4th ST N	f the Florida Dept. o	
	Registered Office Address (MUST BE FLORIDA STREET		
	STE 300	TILL TO	
	St. Petersburg	L ³³⁷²⁰	
(b)	Northwest Registered Agent LLC Enter name of NEW Registered Agent and/or NEW Registered 7901 4th St N	d Office address:	BIRREL TITE
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg, FI	33702 L	<u></u>
he cha igent v was/wo	imited liability company is not organized under the la inge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I are authorized by an affirmative vote of the members teles of organization or the operating agreement of the	f the registered iability compan of the limited lizibility limited lizibility.	office and the business office of the registere y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
	Was Emis	Nat Smith	
7 t	ture of a member or authorized representative of a member by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I d'in writing of this change.	ree to act in thi e performance o ed for in Chapte hereby confirm	Printed or typed name of signee is capacity. I further agree to comply with the of my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed at the limited liability company has been