Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future பு 🗃 mual report mailings. Enter only one email address please.**

ြင်းmail Address:_

LLC REGISTERED AGENT CHANGE RAPID MITIGATION TEAM LLC

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K. Brumble)

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

1)	Principal office address of limited habitity company (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
	(Sake Siest de Street Approcess)		(Sole, SIAC DE LOST OFFICE DUS)
	06/06/19	 L1900	00151221
	Date of filing/registration in Florida	4	Document number
	Perez, Cira		
1)	Registered Agent and Registered Office shown on the record		
	14310 sw 8th st	·	
			
	Registered Office Address (MUST BE FLORIDA STRI	<u>(ET ADDRESS)</u>	
	941542	(E. <u>F.ADDRESS)</u>	
	941542		
)	941542		
)	941542 MIAMI	, FL 33184	2023 OC
)	941542 MIAMI Northwest Registered Agent LLC	, FL 33184	2023 OCT - 5
)	941542 MIAMI Northwest Registered Agent LLC Enter name of NEW Registered Agent and/or NEW Registered Agent	, FL 33184	——————————————————————————————————————
)	941542 MIAMI Northwest Registered Agent LLC Enter name of NEW Registered Agent and/or NEW Registered 7901 4th St N	, FL 33184	2023 OCT - 5 PM 12: 4.0

was/were authorized by an affirmative vote of the members of the limited hability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

ACMIT Smodelite	Nat Smith
Signature of a member or authorized representative of a member	Printed or typed name of signee

Thereby 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. Thereby confirm that the limited liability company has been notified in Spiling of this change.

l'aylor Newman - Assistant Secretary

Signature of Registered Agent