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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 : (855)330-1010

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2022 APR 26 PH 4: 91

LLC REGISTERED AGENT CHANGE COLONIAL RM, LLC

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T. LEMIEUX APR 27 2022

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	ame of the limited liability company: COLON	IAL RI	M, LLC	
2. (a)		(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
			7901 4th St N STE 300	
			St. Petersburg FL 33702	
	06/10/19	L19000152716		
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	, COA & ASSOCIATES, LLC			
J. (11,	Registered Agent and Registered Office shown on the records o	f the Florida	Dept. of State:	
	3812 MIRAMONTES CIR			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	WELLINGTON F	33414		
(b)	Northwest Registered Agent LLC Enter name of NEW Registered Agent and/or NEW Registered Office address:			
	7901 4th St N			
	NEW Registered Office Address:		8 7 29	
	STE 300			
	St. Petersburg	33702	F11 2022 APR 2 56 LATE AND A SECOND APP 2 56 LATE A SECOND APP 2 56 LATE AND A SECOND A SECON	
agent was/w the art	limited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	liability colors of the limited li	mpany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in ability company.	
- Cian	ature of a member or authorized representative of a member	<u>Moi</u>	rgan Noble Printed or typed name of signee	
		nraa to act	•	
provis the ob- to met	eby accept the appointment as registered agent and assions of all statutes relative to the proper and completed ligations of my position as registered agent as provided rely reflect a change in the registered office address, within writing of this change. Tom Glover - Assista	e performa led for in C I hereby co	mce of my duties, and I am familiar with and accep hapter 605, F.S. Or, if this document is being filed infirm that the limited liability company has been	

Signature of Registered Agent