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Account Name : REGISTERED AGENTS INC.

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

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LLC REGISTERED AGENT CHANGE L & Z IMPORT/EXPORT LLC

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K. SALY

FEB 13 2024

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: L & Z IMPOR	T/EXPC	ORT 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)
3.		07/11/2019 Date of filing/registration in Florida	- - 4.	L19000178839 Document number
c	(a)	UNITED STATES CORPORATION AGENTS	S. INC.	
Э.	10)	Registered Agent and Registered Office shown on the records of the		Dept. of State:
		476 RIVERSIDE AVE.		
		Registered Office Address (MUST BE FLORIDA STREET A		2024 1 P. C.
		JACKSONVILLE , FL	32202	FEB 13 F
	(b)	Registered Agents Inc Enter name of NEW Registered Agent and/or NEW Registered C	Office add	
		7901 4th St N NEW Registered Office Address:		
		STE 300		
		St. Petersburg , FL	33702	
the age wa the	cha ent w s/we arti	imited liability company is not organized under the lawinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the regist bility cor the limi	ered office and the business office of the registered npany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in
<u>/</u>	2 Je.	ure of a member or authorized representative of a member		Robin Jones
				Printed or typed name of signee
pro the to not	ovisi obli mere tifica	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete r igations of my position as registered agent as provided By reflect a change in the registered office address, I had in writing of this change.	erforma for in C ereby co	in this capacity. I further agree to comply with the nee of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed after the limited liability company has been
۱ رښي	JUNE.	David Roberts - Assistant Secretary	,	

Signature of Registered Agent