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From:

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Account Number : I20090000081

Phone : (307)200-2803

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LLC REGISTERED AGENT CHANGE STRONGHOLD CAPITAL FLORIDA, LLC

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A 611111-3 Help ¿' ! (S...)

## 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.	Name of the limited liability company: STRONG	SHOLD CA	PITAL FLORI	DA, LLC
2. (a	523 4TH AVENUE SOUTH	(b) 523 4TH AVENUE SOUTH		
(*	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liab (Note: MAY BE POST OF	oility company:
	UNIT 17	UNIT 1	17	
	SAINT PETERSBURG, FL 33701	SAINT	PETERSBURG, FL 3	3701
	07/17/19	L19000	185003	
3.	Date of filing/registration in Florida	4.	Document number	**************************************
5. (	., BRADY, EVAN P			
.J. (	Registered Agent and Registered Office shown on the records of	the Florida Dept. of Sta	te:	
	523 4TH AVENUE SOUTH			
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	_	
	UNIT 17		• •	2020
	SAINT PETERSBURG , FI.	33701	_	2020 JAN
	Registered Agents Inc.		_	-7
(t	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	_	
	7901 4th St N			() () ()
	NEW Registered Office Address:		<del></del>	
	STE 300		<b></b>	
	St. Petersburg	33702	_	
the cagen was/	c limited liability company is not organized under the law hange or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited li- were authorized by an affirmative vote of the members of rticles of organization or the operating agreement of the	the registered offic ability company, it of the limited liabili	e and the business office is hereby confirmed that t ty company or as otherwi	of the registered the change(s)
Sig	nature of a member or authorized representative of a member		Printed or typed name of sig	nec
prov the o to m	reby accept the appointment as registered agent and agi isions of all statutes relative to the proper and complete obligations of my position as registered agent as provide erely reflect a change in the registered office address, I fed in writing of this change.  Bill Havre - Assistan	nertormance of my	rduties, and Lam tamiliar	r with and accept
Sign	nture of Registered Agent			