## L19000196073

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAII.					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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ALAHASSMIN OLO



A. BUTLER AUG 1 5 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: MYGAU ENTE	RPRISI	E, LLC		
2. (a)	2747 Via Capri		(b) 2747 Via Capri		
• • •	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)		(-)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	1130		1130		
	Clearwater, FL 33764		Clearwa	ter, FL 33764	
	08/07/2019		L1900019	96073	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Universal Registered Agents, Inc.				
(-)	Registered Agent and Registered Office shown on the records o	of the Flo	rida Dept. of S	tate:	
	3458 Lakeshore Dr.				
	Registered Office Address (MUST BE FLORIDA STREET	[ ADDR	ESS)		
	Tallahassee . F	32312	<u></u> 2	20: SE	
(b)	Universal Registered Agents Inc		<del></del>	22 AUG	
` ,	Enter name of NEW Registered Agent and/or NEW Registered Office address:			N Pare	
	1317 California Street.			The second secon	
	NEW Registered Office Address:			STATE E. FIL	
	Tallahassee	32304	,	<del></del>	
agent was/w	imited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e regist iability of the l	ered office a company, it imited liabil	and the business office of the registered is is hereby confirmed that the change(s) lity company or as otherwise provided in	
Signature of a member or authorized representative of a member		<del></del>	Printed or typed name of signee		
the obt	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations 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 a e perfor ed for it hereby	act in this ca mance of m n Chapter 60 confirm tha	pacity. I further agree to comply with the y duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed it the limited liability company has been	
Signatu	re st Registered Agent				