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K. SALY

JAN 18 2022

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

CLARK, MAXIE, III

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.

(a)			(b)_		
	Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	ny:	_		Mailing address of limited fiability company: (Note: MAY BE POST OFFICE BOX)
	09/23/19		_ _ I_	1900	0239315
	Date of filing/registration in Florida	4.	_		Document number
(a)	CLARK, MAXIE, III				
(4)	Registered Agent and Registered Office shown on the reco	ords of the Flor	ida De	ept. of Stat	- e:
	10393 PARK COMMONS DRIVE				
	Registered Office Address (MUST BE FLORIDA STR		TALLAHASSER FLORID		
	ORLANDO	_{.FL} 3283	32		五· 五
					LLAHASSEC FLORIOR
٧,	Northwest Registered Age				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regi</u>	stered Office :	<u>iddre</u>	<u>ss</u> :	Q. J.
	7901 4th St N				
	NEW Registered Office Address.				•
	STE 300				
					-
	St. Petersburg	_, _{FL} 3370)2		
thar it w 'we:	mited liability company is not organized under the second or changes are made, the Florida street addressill be identical. Or, in the case of a Florida limit re authorized by an affirmative vote of the membeles of organization or the operating agreement of	ess of the reg ted liability bers of the li	gister comp mite	ed office oany, it is d liabilit	e and the business office of the register s hereby confirmed that the change(s) y company or as otherwise provided in
				Morgan Noble	
nati	are of a member or authorized representative of a member		- 3		Printed or typed name of signee
reb	y accept the appointment as registered agent an ons of all statutes relative to the proper and com gations of my position as registered agent as pro ly reflect a change in the registered office addre	d agree to a plete perfort ovided for in	ct in mane Cha	this cap te of my o toter 605	acity. I further agree to comply with th duties, and I am Jamiliar with and acce 5. F.S. Or. if this document is being file

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent