Division of Corporations



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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 : (813)436-5206

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LLC REGISTERED AGENT CHANGE DRACO GLOBAL LLC

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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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

	une of the limited liability company:	· · · · · · · · · · · · · · · · · · ·	
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Date of filing/registration in Florida	4.	Document number
(a)	CALDERARO, SANDRA R		
	Registered Agent and Registered Office shown on the records of 40 SW 13th Street		
	Registered Office Address IMUST BE FLORIDA STREET SUITE 803	ADDRESS)	
	Miami	33130	
(b)	Registered Agents Inc		2023 AUG 2023 AUG 245 (2021) 247 (2021)
10,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	t Office address:	
	7901 4th St N		FILED FILED AND FILED AND ANG-2 PM ANGESSTITE ANGESSTITE
	NEW Registered Office Address;		
	STE 300		
	St. Petersburg FI		—————————————————————————————————————
cha ent w s/we artic	mited liability company is not organized under the large or changes are made, the Florida street address of the identical. Or, in the case of a Florida limited lifter authorized by an affirmative vote of the members of the organization or the operating agreement of the	f the registered o ability company, of the limited liab	ffice and the business office of the registere, it is hereby confirmed that the change(s) pility company or as otherwise provided in
R	ure of a member or authorized representative of a member	Robin Jones	
iereb	ny accept the appointment as registered agent and ag	ree to act in this,	Printed or typed name of signee capacity. I further agree to comply with the
wisie obli nere tified	ons of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address. I I in writing of this change.	performance of ed for in Chapter herchy confirm t	my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been
	N/d Doets David Roberts - Assistant S		