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(((H20000079022 3)))



H200000790223ABCVV

To:		his page.
	Division of Corporations	
	Fax Number : (850)617-6383	-'` -
From:		
	Account Name : REGISTERED AGENTS INC.	: <u></u>
	Account Number : I20090000081	l.:I
	Phone : (307)200-2803	
	Fax Number : (855)330-1010	
Enter the annual	email address for this business entity to be used fo report mailings. Enter only one email address please	r future ≥.

LLC REGISTERED AGENT CHANGE MASHARIKI HOLDINGS, 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 liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Na	me of the limited liability company: Masharik	ki Holding	js, LLC			
. (a)	, , ,	(b)				
(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			y:
	64 DAVIS BLVD	64 DAVIS BLVD				
	TAMPA, FL 33606	TAMPA, FL 33606				
	10/28/2019	L190	000269309			
	Date of filing/registration in Florida	4.	Document number			
	NKYA, BERTRAM A					
. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept. (of State:			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		4.2	202	
	64 DAVIS BLVD			<u> </u>	2020 HAR	
	TAMPA	_{1.} 33606			20	~ <u>-</u>
				• •	0	
(b)	Registered Agents Inc.			·	<u> </u>	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office address:			PH 12: 29	W. Barrier
	7901 4th St N			F	9	
	NEW Registered Office Address:					
	STE 300					
	St. Petersburg	_L 33702				
ne cha gent v zas/w	imited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	nws of the State of the registered liability compan of the limited l	office and the business of the same of the business of the same of the business of the busines	that the	change	istere :(s)
Signa	ature of a member or authorized representative of a member	· · · · · · · ·	Printed or typed name	e of signee		
I here provis the ob- to mer notifie	by accept the appointment as registered agent and a ions of all statutes relative to the proper and complet ligations of my position as registered agent as provided yely reflect a change in the registered office address, along writing of this change.	le perjornance of	er 605. F.S. Or. if this do	ocument	is bein	g filed