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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 **360GPS REAL ESTATE LLC**

Certificate of Status	0
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K. SALY

NOV - 8 2024

11/7/2024 13:10:06 PST To: 18506176383 Page: 2/2 Fax: 8134365206

## 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.

2. (a)		(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)
	7901 4th St N STE 300		7901 4th 9	SI N STE 300
	St. Petersburg, FL 33702		St. Peters	burg, FL 33702
	11/12/19	Li	19000270	<b>458</b>
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	INCORPORATING SERVICES LTD.			
J. (4)	Registered Agent and Registered Office shown on the records of t	he Florida D	ept, of Sta	te:
	Registered Office Address	INDESS		
		www.soy		ias a
	1540 GLENWAY DR.			- 5 5 1
	TALLAHASSEE, FL_	32301		TALLAHASS TALLAHASS
(b)	Registered Agents Inc			TR3:02
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addr	<u>ess</u> :	70 C
	7901 4th St N			部 02
	NEW Registered Office Address:			
	STE 300			_
	St. Petersburg , FL	33702		_
the cha agent w was/we the arti	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liar authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	the registe bility com f the limite	ered offic pany, it ed liabili bility cor	e and the business office of the registered is hereby confirmed that the change(5) by company or as otherwise provided in appany.
Signat	ure of a member or authorized representative of a member			Printed or typed name of signee
provisit the obli to mere	oy accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p gations of my provided by reflect a change in the registered office address, I have	ve to act in performan I for in Ch iereby con	this cap ice of my apter 60 firm that	acity. I further agree to comply with the duties, and I am familiar with and accep 5, F.S. Or, if this document is being filed the limited liability company has been

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

- Assistant Secretary

David Roberts

Signature of Registered Agent