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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 : (855)330-1010

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LLC REGISTERED AGENT CHANGE SATIATED ARTISTS LLC

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T. LEMIEUX

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.

	ame of the limited liability company:	100	40
2. (a)	Principal office address of limited liability company. (Note: MUST BE STREET ADDRESS)	(h) 165	1 Central Avenue 2024 Saint Petersburg FL 33713 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	12/09/2019	L1900	0299134
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	GOUIN, LAURA		
J. (u)	Registered Agent and Registered Office shown on the records of	the Florida Dept.	of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
	1661 CENTRAL AVENUE 2024		
	SAINT PETERSBURG	33713	
	n.		2023
(b)	Northwest Registered Agent LLC		7
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	
	7901 4th St N		დ — თ —
	NEW Registered Office Address:		
	STE 300		
			· · · · · · · · · · · · · · · · ·
	St. Petersburg	33702	
the cha agent v was/wa	imited liability company is not organized under the lavenage or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited like authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registered ability company f the limited list	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
	Not Smith	Nat Smith	
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obl to mer	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I follow writing of this change.	ee to act in this performance o I for in Chapte sereby confirm	s capacity. I further agree to comply with the of my duties, and I am familiar with and accep or 605, F.S. Or, if this document is being filed that the limited liability company has been

Assistant Secretary

Taylor Newman

Signature of Registered Agent