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COVER LETTER TO: Registration Section Division of Corporations LAYVA HOLDINGS, LLC SUBJECT: Name of Limited Liability Company Dear Sir or Madam; The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Ryan Williams Name of Person T Rvan Williams Law Group Firm/Company 90 Fort Wade Road, Suite 100 Address Ponte Vedra, Florida 32081 City/State and Zip Code contact@trw.law E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rvan Williams Area Code & Daytime Telephone Number Name of Person **Mailing Address:** Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Enclosed is a check for the following amount:

\$25 Filing Fee & Certified Copy

Tallahassee, FL 32303

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.

1. Na	ame of the limited liability company: LAYVA HOLDI	NGS, LLC			<u></u>	
2. (a)		(b	·)			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		Mailing address of limite (Nate: MAY BE POS		•
2	02/20/2020	_	1.200000580	Document number		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	Registered Agent and Registered Office shown on the records of T Ryan Williams Law Group		<u> </u>	- e: -		
	Registered Office Address (MUST BE FLORIDA STREET) 105 Solana Road, Suite C	<u>ADDRESS</u>	2			
		32082		. -	7	2022
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> T Ryan Williams Law Group <u>NEW Registered Office Address:</u>	l Office ad	dress:	-		ALG 22 ATTO:
	90 Fort Wade Road, Suite 100		. <u> </u>	-	<u>-</u>	3
	Ponte Vedra, FL	32081		-		
change agent v was/wy the arti	imited liability company is not organized under the lave or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liagraphy in the case of the members of the organization or the operating agreement of the	registere ability co	ed office and mpany, it is	d the business offices shereby confirmed t	e of the registe that the chang	ered (c(s)
1F305	Williams 7794118428	Ryan	n Williams	Political and a second	· Pair and	
l here provisi the obi to mer notifie	ture of a member or authorized representative of a member by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I i d in writing of this change.	ree to act performe d for in C hereby co	in this cape ince of my c hapter 605 infirm that t	Printed or typed name acity. I further agreduties, and I am fam, F.S. Or, if this docton the limited liability of	re to comply w	vith the l accept ng filed been

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