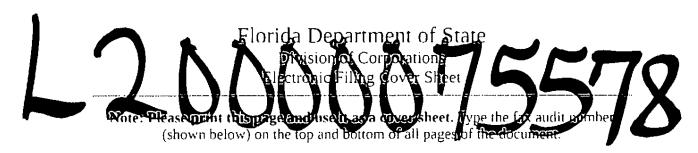
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To:

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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2: 33	S.Email	Address:
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LLC REGISTERED AGENT CHANGE MANASOTA ELDER LAW, PLLC

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M. SOLOMON NOV 2 1 2024

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.	Name of the limited liability company: MANAS	OTA	ELDE	R LAW, PLLC	
2. (a)	7901 4th St N		(b) 7901 4	4th St N	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability compar (Note: MAY BE POST OFFICE BOX)	
	STE 300		STE 30	00	
	St. Petersburg, FL 33702		St. Pete	ersburg, FL 33702	
	03/09/20		L2000	00075578	
3.	Date of filing/registration in Florida	— 4.		Document number	
5. (a	CLARK. CYNTHIA M				
. (u	Registered Agent and Registered Office shown on the records of	f the Flor	ida Dept. of Stat	te:	
	677 N. WASHINGTON BLVD.				
	Registered Ortice Address (MUST BE FLORIDA STREET	ADDRE	<u>SS)</u>	-	
	SARASOTA	3420	36	2024 KOV 20	و مو
(b)	Registered Agents Inc)V 20	e (Paren Prime
	Enter traine of NEW Registered Agent and/or NEW Registered	l Office .	ddress:		
	7901 4th St N			S S S S S S S S S S S S S S S S S S S	フ
	NEW Registered Office Address			ri 7	
	STE 300			_	
	St. Petersburg	<u>_</u> 3370	12	_	
ne cha agent v was/w he art	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lie ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the reg ability of the li- limited	gistered office Company, it is mited liability	e and the business office of the regis s hereby confirmed that the change(y company or as otherwise provided apany.	stered 's)
	ture of a member of authorized representative of a member	_		Printed or typed name of signee	
I here provisi he obi o 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 by reflect a change in the registered office address, I is dispersionally the change.	ee to a perfori d for in hereby	ct in this cape nance of my c Chapter 605 confirm that t	acity. I further agree to comply wit duties, and I am familiar with and a , F.S. Or, if this document is being the limited liability company has be	h the ccept filed en

Signature of Registered Agent

David Roberts - Assistant Secretary