L20000139919

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Account#: I20000000088

For any issues please contact
Cheyanne Davis
(850) 202-1882

Date:	08/20/2024	(850) 202-1882		
	Cheyanne Davis	=		
Reference	#: 2464103	-		
	ne:LMA MAN	AGEMENT, LLC		
☐ Arti	icles of Incorporation/Authorization nendment ange of Agent instatement			
☐ Conversion				
□ Ме	rger			
☐ Dissolution/Withdrawal				
Fictitious Name				
Oth	ner			
Authorized Signature	d Amount: \$25.00			

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.

Name of the limited liability company:		L M .	LMA MANAGEMENT, LLC	
2. (a)	no change Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	no change Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
3.	5/29/2020 Date of filing/registration in Florida		L20000139919 Document number	
5. (a)	REDDEN, DAVID H Registered Agent and Registered Office shown on the records of			
(b)	Registered Office Address (MUST BE FLORIDA STREET). 11600 NINTH ST N ST. PETERSBURG , FL Cogency Global Inc. Enter name of NEW Registered Agent and/or NEW Registered 115 North Calhoun Street, Suite NEW Registered Office Address:	3371 Office address	HILL 20	
	, FL	3230	01	
the ch agent was/w	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 livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the registere ability comp of the limited	ed office and the business office of the registere cany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in	
· · · · · · · · · · · · · · · · · · ·	/s/ David Redden		David Redden	
Signa	ature of a member or authorized representative of a member		Printed or typed name of signee	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

/s/ Michael Carlisle

Signature of Registered Agent

Michael Carlisle, Assistant Secretary