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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (813)436-5206

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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	me of the limited liability company.				_
2. (a)		ıb	1		
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	Mailing address of limited habituy of Note: MAY BE POST OFFICE		
	1032 E BRANDON BLVD #3824	6241 Pine 1		Tree Dr	
	Brandon, FL 33511	_	Long Grove	: IL 60047	
	06/03/20		L200001510	85	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	UNITED STATES CORPORATION AGENTS, INC.				
(h)	Registered Agent and Registered Office shown on the records of the	he Florida	Dept, of State	· ·	2924 DEC 1 9
	Registered Office Address	DDRESS			
	476 RIVERSIDE AVE.		=		61
	JACKSONVILLE . FL	32202	-		<u> </u>
	Registered Agents Inc			. (A)	EH 4: 08
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office ado	<u>iress</u> :		
	7901 4th St N				
	NEW Registered Office Address:				
	STE 300				
	St. Petersburg, F1.	33702			
the cha agent was/we the arti	imited fiability company is not organized under the law age or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the land.	the regis bility co I the lim limited l	stered office mpany, it is ited liability iability con	and the business office s hereby confirmed that y company or as otherw	of the registered the change(s)
Special	ture of a member or authorized representative of a member		n Jones	Printed or typed name of sig	unce
Therel provisi the obli to mere	by accept the appointment as registered agent and agre ons of all statules relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. I h I in writing of this change.	performa I for in C erchy co	ince of my o hapter 605	acity. I further agree to luties, and I am familia , F.S. Or, if this docum	·) comply with the r with and accep ent is being filed

Signature of Registered Agent