Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

: CORPORATE CREATIONS INTERNATIONAL INC. Account Name

Account Number : 110432003053 : (561)694-8107

: (561)214-8442 Fax Number

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LLC REGISTERED AGENT CHANGE PHERIAN LOUISIANA, LLC

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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.

Na	me of the limited liability company: PHERIAN LOUIS	SIANA	LL	С		
(a)	4813 N. Manhattan Ave			4813 N. Manhattan Ave		
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		, ,		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Suite A		_	Suite A		
	TAMPA, FL 33614	_		TAMPA,	. FL 33614	
	06/09/2020		Ĺ	20000152	2465	
(a)	Date of filing/registration in Florida BREWER, CHRISTOPHER W	4.			Document number	
()	Registered Agent and Registered Office shown on the records of 400 NORTH ASHLEY DRIVE SUITE 100	te:				
	Registered Office Address (MUST BE FLORIDA STREET)	<u> ADDRI</u>	<u>(SS)</u>		_	
	TAMPA , FL	33602)		_	
(b)	Corporate Creations Network Inc.					
(U)	Enter name of NEW Registered Agent and/or NEW Registered	Office	addr	ess:		
	801 US Highway 1					
	NEW Registered Office Address:				- P	
	North Palm Beach , FL	33408	{			
nge nt v s/w/	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	regist bility f the l	ered com imit	office an pany, it i ed liabilit	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in	
	aitlin Lazarus	<u> </u>	aitlir	Lazarus,	Attorney-in-Fact	
ere visi obl nere	ture of a member or authorized representative of a member by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I I I in writing of this change.	perfor I för i	man n Ch	ce of my aptër 603	duties, and I am familiar with and acc 5. F.SOr. if this document is being fil	
•	aitlin Lazarus Caitlin Lazarus, Specia	al Se	cret	arv		

Signature of Registered Agent