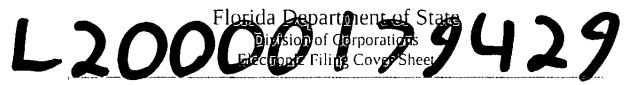
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Fax Number : (813)436-5206

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12/27/2023 09:23:51 PST To: 18506176383 Page: 2/2 From: Registered Agents Inc Fax: 8134365206

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. N	ame of the limited liability company:		
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	06/26/20	L200	000179429
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	UNITED STATES CORPORATION AGENTS, INC.		
., (Registered Agent and Registered Office shown on the records of t		
	Registered Office Address (MUST BE FLORIDA STREET A		
		32202	
	JACKSONVILLE		
(b)	Registered Agents Inc		
(0)	Enter name of NEW Registered Agent and/or NEW Registered	 ;	
	7901 4th St N	: :	
	NEW Registered Office Address:		
	STE 300	<u> </u>	
	St. Petersburg, FL_	33702	
the ch agent was/w	imited 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 lia ere authorized by an affirmative vote of the members of ieles of organization or the operating agreement of the	the registere ability compa of the limited	d office and the business office of the registered iny, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company.
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
I here provis the obto mer notifie	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address. It do in writing of this change. Assistant Second Report Complete Apple	performance I for in Chap tereby confir	his amounts. Hurther wares to comply with the