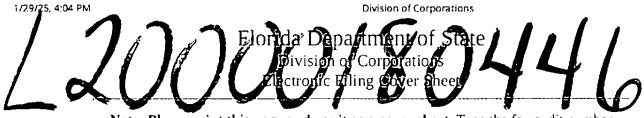
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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

\_\_\_\_\_

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

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC REGISTERED AGENT CHANGE **FSA UNITED LLC**

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1/29/2025 16:09:31 PST To: 18506176383 Page: 2/2 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.	Name of the limited liability company:FSA UNITED LI	LC	
2. (a	7901 4th St N STE 300	(b) 7901	4th St N STE 300
<b>4</b> . (0	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	St. Petersburg FL 33702	St. Pe	etersburg FL 33702
	06/26/2020	L20000	D180446
3.	Date of filing/registration in Florida	4.	Document number
5. (a	GLOBAL ADMINISTRATIVE SERVICES, LLC		
J. (	Registered Agent and Registered Office shown on the records of		t State:
	4623 NW 841H AVE		
	Registered Office Address (MUST BE FLORIDA STREET	( ADDRESS)	THE JAN 30 PH 5: 17
	DORAL	L 33166	in Sign of in
		<u> </u>	
(b			
	Enter name of NEW Registered Agent and/or NEW Registered	≥d Office address:	<b>-</b>
	7901 4th St N		
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg	33702 1	
If the	limited liability company is not organized under the l	ave of the State o	of Florida, it is hereby confirmed that after
the cl agent was/v the ar	hange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members aticles of organization or the operating agreement of the	of the registered of liability company of the limited lia	office and the business office of the registered to it is hereby confirmed that the change(s) ability company or as otherwise provided in
- C:=/	nature of a member or authorized representative of a member	Nat Smith	Printed or typed name of signee
I her provi the ol to me notifi	reby accept the appointment as registered agent and acsions of all statutes relative to the proper and complete bligations of my position as registered agent as providing the reflect a change in the registered office address, and in writing of this change.  Taylor Newman - Assistant three of Resistered Agent	te performance of led for in Chapter I hereby confirm	capacity. I further garee to comply with the