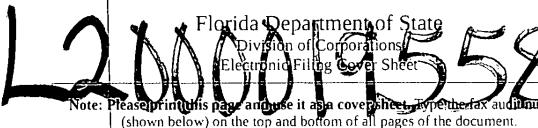
Division of Corporations



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Division of Corporations

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To

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (813)436-5206

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M. SOLOMON OCT - 3 2024

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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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Ni	une of the limite	d liability company:	perty, LLC						
2. (a)			(b)					
<u>,</u> ,	Principal o	ffice address of limited liability company: e: MUST BE STREET ADDRESS)	· ·		M	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	7901 4th St N S	TE 300		7901 4th St N STE 300					
	St. Petersburg.	FL 33702		SI.	Petersbu	ırg, FL 33702	· -		
	07/10/2020			L200	0019558	35			
3.	Date o	f filing/registration in Florida	4.			Document nun	nber		
5. (a)	Immerfall, Matth	 ew							
. (47	Registered Agent a	! ind Registered Office shown on the records REET	of the Floric	la Dept	, of State.				
	Registered Office	Address (MUST BE FLORIDA STREE	T ADDRES	<u>(S)</u>					
	_						- 1 <u>60</u>	2021	
	Windermere		FL 34786					2024 OCT -	-33
(b)	Nortnwest Regist						ia II. Mara	T -3	Tales of
_	Enter name of NE	W Registered Agent and/or NEW Registered Office address:					1117	P	
	7901 4th St N							4 : 37	U
	NEW Registered (Office Address:					1:1	_	
	STE 300								
	St. Petersburg		FL_33702						
the cha agent v was/we the arti	inge or changes a vill be identical. The authorized by cles of organiza	ompany is not organized under the are made, the Florida street address Or, in the case of a Florida limited an affirmative vote of the memberation or the operating agreement of the memberation of the operating agreement of the operating agreement of the operation of the operati	of the reg I liability c rs of the lir he limited	isterce ompa nited	d office ny, it is liability ity com	and the busine hereby confiri company or a	ess office (ned that the s otherwis	of the r se char e prov	egistered age(s)
-		authorized representative of a member					_		witch dies
provisi the obl to mere	oy accept the ap- ons of all statute igations of my p ely reflect a char I in writing of th	pointment as registered agent and c es relative to the proper and comple osition as registered agent as provi age in the registered office address, is change.	agree to de ete perforn ided for in . I hereby c	u in u iance Chap confiri	of my d of my d ter 605, m that ti	cuv. 1 juriner luties, and I an F.S. Or, if thi he limited liab	agree to c i familiar is docume ility compo	ompry with a at is be any ha	with the ad accept ring filed s been
i- / V	-	<u> </u>	t Secretary						
Signatu	re of Registered Ago	ent							
		Division of Cornevations a D C	1 Day 622	7 - T.	Makace	oo El 22214			