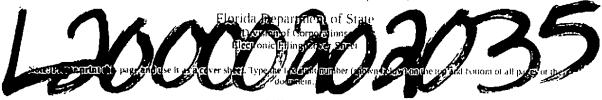
Division of Corporations



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To.

Oivision of Corporations Far Number (850)617-6383

From:

Account Name REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (813)436-5205

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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THE STATE OF STATE

T. LEMIEUX FEB 1 2 2024

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 Floriday

1) .		(b)	
	Principal office address of limited fiability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
	07/13/20	L200	000202035
	Date of filing/registration in Florida	4.	Document number
1)	BURDICK, AUSRA		
	Registered Agent and Registered Office shown on the record		
	13610 BIG BEND DR #6115		
	Registered Office Address (MUNT BE FLORIDA STRE	ET ADDRESS)	
	HUDSON	.FL_ ³⁴⁶⁶⁷	2024 FEB -9 PH 3: 20 SECRETARY OF STAT TALLAHASSEE FI
)	Registered Agents Inc		
_	Enter name of NEW Registered Agent and/or NEW Registe	ered Office address	
	7901 4th St N		PH 3: 20
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg	FL	
iar W Ver	mited liability company is not organized under the age or changes are made, the Florida street address ill be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the membe	laws of the States of the registered liability compares of the limited	ed office and the business office of the regis any, it is hereby confirmed that the change(liability company or as otherwise provided
tic	des of organization or the operating agreement of	ine fimilea habi	шу сопрану.

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been natified in writing of this change.

Signature of Registered Agent

David Roberts

Assistant Secretary