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To:		
•	Division of Corporations	
	Fax Number : (850)617-6383	10 J
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From:	Account Name : REGISTERED AGENTS INC.	
	Account Number: I20090000081	
	Phone : (307)200-2803	· · · · · · · · · · · · · · · · · · ·
	Fax Number : (855)330-1010	

LLC REGISTERED AGENT CHANGE
WHALES VENTURES LLC

Certificate of Status	0
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K. SALY

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: WHALES	VEI	NTURE	SLLC	
2. (a)	17000 ooder grook ganyan dr	(h	, 17908	cedar creek canyor	ı dr
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ \"		failing address of limited liabilit (Note: MAY BE POST OFFICE)	y company:
	dallas, texas 75252 UN	-	dallas, te	xas 75252 UN	
	08/07/20		L2000	0239504	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a	LA RUSA LLC				
., (4	Registered Agent and Registered Office shown on the records of the 2380 DREW ST			:	(3)
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				7
	STE 2				F
	CLEARWATER	3376	5		. 0
(b)	Registered Agents Inc. Enter name of NEW Registered Agent and/or NEW Registered (7901 4th St N	Office ad	dress:		TICE PH 4: 15
	NEW Registered Office Address:				
	STE 300				
		33702	2		
the chagent was/v	limited liability company is not organized under the law range or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia vere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the regi bility confither the fither lindiged	stered office ompany, it is nited liability	s hereby confirmed that the y company or as otherwise	change(s)
Sign	ature of a member or authorized representative of a member		Cyrain	Printed or typed name of signer	e
I her provite the old to me	eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete obligations of my position as registered agent as provided rely reflect a change in the registered office address, I keep in writing of this change.	perforn I for in	iance of my i Chapter 605	uutes, ana t am jamutar w . F.S. Or. if this document	vun ana accepi t is being filed

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

- Assistant Secretary

Bill Havre

Signature of Registered Agent