To: 1836176383 From: 14693173436 Date: 12/15/20 Time: 3:35 PM Page: 01/02

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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : LEGALINC CORPORATE SERVICES INC. Account Number : 120130000011 Phone : (944)396-0178 Fax Number : (214)317-4754 2820 DEC \*\*Enter the email address for this business entity to be used for future 4 annual report mailings. Enter only one email address please.\*\* ຄ Email Address: PH 3 00

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[1]

## LLC REGISTERED AGENT CHANGE ALLY MW, LLC

| Certificate of Status | 0       |
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Td: 18506176383 From: 14693173436 Date: 12/15/20 Time: 3:35 PM Page: 02/02

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

| (a) | (b)   |                         |                      |   |  |
|-----|---|-------------------------|----------------------|---|--|
|     | Principal office address of limited hability company<br>(Note: MUST BE STREET ADDRESS)  |                         |                      | hmited liability company<br>POST OFFICE BON |  |
|     | 1311 N WEST SHORE BLVD., STE. 200   |                         | 1311 N WEST SHORE BL |   |  |
|     | TAMPA, FL 33607   |                         | TAMPA, FL 33607      |   |  |
|     | 08/26/2020  | L                       | _20000254702         |   |  |
|     | Date of filing/registration in Florida  | -4.                     | Document num         | iber  |  |
|     |   |                         |                      |   |  |
|     | JENNEWEIN, JONATHAN P   |                         |                      |   |  |
|     | JENNEWEIN, JONATHAN P<br>Registered Office Address <u>(MUST BE FLORIDA STREE</u><br>101 E. KENNEDY BLVD., STE. 3700   |                         |                      | 2829  |  |
|     | Registered Office Address (MUST BE FLORIDA STREE  | <u>T ADDRESS)</u><br>FL |                      | 2029 DEC                                    |  |
| (b) | Registered Office Address <u>(MUST BE FLORIDA STREE</u><br>101 E. KENNEDY BLVD., STE. 3700<br>TAMPA   | FL_33602                |                      | 2029 DEC 16                                 |  |
| (b) | Registered Office Address <u>(MUST BE FLORIDA STREE</u><br>101 E. KENNEDY BLVD., STE. 3700  | FL_33602                |                      |   |  |
| (b) | Registered Office Address <u>(MUST BE FLORIDA STREE</u><br>101 E. KENNEDY BLVD., STE. 3700<br>TAMPA   | FL_33602                |                      |   |  |
| (b) | Registered Office Address  (MUST BE FLORIDA STREE    101 E. KENNEDY BLVD., STE. 3700    TAMPA   ,    Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>                           | FL_33602                |                      | 2029 DEC 16 PH 3:00                         |  |
| (b) | Registered Office Address  (MUST BE FLORIDA STREE    101 E. KENNEDY BLVD., STE. 3700    TAMPA   ,    Enter name of <u>NEW Registered Agent and/or NEW Registered</u> LEGALINC CORPORATE SERVICES INC. | FL_33602                |                      |   |  |

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Antarius Desisto

Signature of a member or authorized representative of a member

Antarius Desisto, Manager

Printed or typed name of signee

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 notified in writing of this change.

Signature of Registered Agent

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