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Division of Corporations
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Division of Corporations

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To:

Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

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

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Help

K. SALY

FEB 1 7 2025

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.

2. (a)			
		(b)	
``	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY RE POST OFFICE BOX)	
	7901 4th St N STE 300	7901 4th St N STE 300	
	St. Petersburg FL 33702	St. Petersburg FL 33702	
	09/01/20	L200002	273151
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	LEGALCORP SOLUTIONS, LLC		
	Registered Agent and Registered Office shown on the records of t	he Florida Dept. of	State:
	3440 W HOLLYWOOD BLVD.		
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	 &
	SUITE 415		THE STATE OF THE S
	HOLLYWOOD , FL	33021	
(b)	Registered Agents Inc		FILED IN PH 2: 18
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	
	7901 4th St N		FILEU PH 2: 18
	NEW Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	
	STE 300		_
	St. Petersburg , FL	33702	
the char agent w was/wei	mited liability company is not organized under the law nge or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of the organization or the operating agreement of the	the registered o bility company, f the limited lial	ffice and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in
	Robin Long		Robin Jones
	ure of a member or authorized representative of a member		Printed or typed name of signee
I hereb provision the oblication to mere notified	y accept the appointment as registered agent and agroups of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.	ee to act in this performance of I for in Chapter ereby confirm t	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been
Classics	David Corets David Roberts - Assistant Se	cretary	