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LLC REGISTERED AGENT CHANGE



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Help

To. 18506176383

Page: 2/2

## 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)	7901 4th St N STE 300	th	្រ 7901 4th	St N S1E 300
. (4)	Principal office address of limited liability company: ( <u>Note: MUST BE STREET ADDRESS</u> )	(0	, <u> </u>	Mailing address of limited liability company; (Note: MAY BE POST OFFICE BOX)
	St. Petersburg FL 33702 US		St. Peters	sburg FL 33702 US
		_		
	09/08/2020		L20000279	
	Date of filing/registration in Florida	-1		Document number
(a)	HOWELL, TINA D			
,	Registered Agent and Registered Office shown on the records of	f the Florida	Dept, of Su	ite:
	6815 BISCAYNE BLVD.			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	<u>-</u>	- (-)
	STE 103 PMB 214			
	Miami, F	. <u>33138</u>		- C, ···
da	Registered Agents Inc			
,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office add	lress;	-
				C) 4.1
	/9014th St N			_
	<u>NEW</u> Registered Office Address:			
	STE 300	· · · ·	· . ·	_
	St. Petersburg F	1, 33702		_
ie cha gent v as/wo	imited liability company is not organized under the la inge or changes are made, the Florida street address o vill be identical. Or, in the case of a Florida limited 1 are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	f the regis iability co of the lim	tered offic mpany, it ited liabili	ce and the business office of the register is hereby confirmed that the change(s) ity company or as otherwise provided in
Signa	une of a member or authorized representative of a member	Robj	n_Jones	Printed or typed name of signee

Thereby 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. Thereby confirm that the limited liability company has been notified in writing of this change.

David Roberts - Assistant Secretary David Corrector Signature of Registered Agent

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