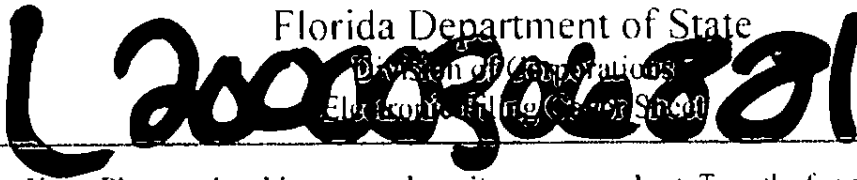


12/21/2020

Division of Corporations



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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : LEGALZOOM.COM INC.
Account Number : 120010000062
Phone : (323)962-8600
Fax Number : (323)962-3889

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**LLC REGISTERED AGENT CHANGE
DOROTHY GASPARRO & ASSOCIATES, LLC**

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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.

1. Name of the limited liability company: DOROTHY GASPARRO & ASSOCIATES, LLC
2. (a) 1741 FLORA PASS PLACE (b) 1741 FLORA PASS PLACE
 Principal office address of limited liability company: Mailing address of limited liability company:
 (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
KISSIMMEE, FL 34747 KISSIMMEE, FL 34747
3. 09/29/2020 4. L20000306881
 Date of filing/registration in Florida Document number
5. (a) REGISTERED AGENTS INC.
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
7901 4TH STREET NORTH STE 300
 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
ST. PETERSBURG, FL 33702
- (b) DOROTHY GASPARRO
 Enter name of NEW Registered Agent and/or NEW Registered Office address:
1741 FLORA PASS PLACE
NEW Registered Office Address:
KISSIMMEE, FL 34747

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.

[Signature]
 Signature of a member or authorized representative of a member

DOROTHY GASPARRO

Printed or typed name of signer

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]
 Signature of Registered Agent

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