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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

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

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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LLC REGISTERED AGENT CHANGE **ERIN ROGERS LLC**

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4/22/2024 10:33:34 PDT To: 18506176383 Page: 2/2 Fax: 8134365206

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.	Na	me of the limited liability company:	.LC		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		11/06/20		L200003525	554
3.		Date of filing/registration in Florida	4.		Document number
5. (a) (b)	(a)	OWNTM SERVICES, LLC			-
		Registered Agent and Registered Office shown on the records of 202 NW 135 Way Registered Office Address (MUST BE FLORIDA STREET)	e: -		
	Unit 108, UNIT 104				
		33325		. 2	
	b)	Registered Agents Inc Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	2024 AFR 22		
	7901 4th St N	P			
		NEW Registered Office Address:	-		
	STE 300		0		
		St. Petersburg , FL	33702		_
the dager was the distribution	cha nt w /we artic gnat	mited liability company is not organized under the lange or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited libere authorized by an affirmative vote of the members of organization or the operating agreement of the ure of a member of authorized representative of a member by accept the appointment as registered agent and agreement of the appointment as registered agent and agreement agent.	f the reg ability c of the lir limited Rot	istered office company, it is nited liabilit liability con bin Jones	e and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in appany. Printed of typed name of signee active. I further garee to comply with the
prov the i to m	visi obli iero	ons of all statules relative to the proper and complete igations of my position as registered agent as provide ily reflect a change in the registered office address, I I in writing of this change.	perform d for in hereby o	nance of my Chapter 605 confirm that	duties, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been
Sign	idiu	and David Roberts - Assistant S	Secretary		