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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone Fax Number : (855)330-1010

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

ະກ	Email Address:		<u> </u>	
₹Ó .: •				2022
	LLC REGISTERED AGENT CHANGE LITTLE MANATEE, LLC			S.1 AUN
2022 1	Certificate of Status	0	<u> </u>	A Z
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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. Na	nme of the limited liability company: Little Ma	anatee, L	LC
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	12/08/20		0000383754
3.	Date of filing/registration in Florida	4.	Document number
= /\	INC AUTHORITY RA		
5. (a)	Registered Agent and Registered Office shown on the records	of the Florida Dept	, of State:
	390 NORTH ORANGE AVE., STE 2		
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)	
	ORLANDO	FL_32801	2022
(b)	Registered Agents Inc		2022 NOV 15
	Enter name of NEW Registered Agent and/or NEW Registe	red Office address	
	7901 4th St N		AM 10: 10
	NEW Registered Office Address:		70 To
	STE 300		
	St. Petersburg	_{FL} 33702	
the cha agent was/w	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member icles of organization or the operating agreement of	s of the registere d liability compa rs of the limited	d office and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.
Signs	Riley Tak. autre of a member or authorized representative of a member	Riley	Printed or typed name of signee
I here provis the ob- to mer	by accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address of in writing of this change.	agree to act in the ete performance ided for in Chap i, I hereby confir	his canacity. I further agree to comply with the

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

- Assistant Secretary

Bill Havre

Signature of Registered Agent