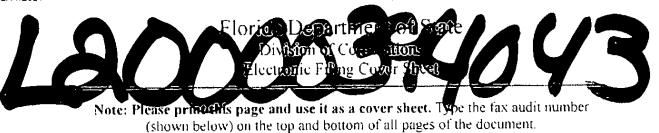
2/11/2021

Division of Corporations



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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

(a)	4161 E. 7TH AVE., TAMPA, FL 33605	(b) 4161 E. 7TH AVE., TAMPA, FL 33605							
(.1)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BOX</u>)						
	12/23/2020	1,20	000344043						
	Date of filing/registration in Florida	4.	Document number						
(a	POOLE, SRAN								
	Registered Agent and Registered Office shown on the records of	the Florida Dep	n, of State:						
	4161 E. 7TH AVF.	- 0.0.00000							
	Registered Office Address (MUST BE FLORIDA STREET)	<u>ADDRESS)</u>							
	TAMPA	33605							
	C T Corporation System		ř. 53						
(b)	Enter name of NEW Registered Agent and/or NEW Registeres	i Office address	s:						
			<u>.</u>						
			N.S.						
	<u>NEW</u> Registered Office Address:		3						
	1200 South Pine Island Road								
		22324	22						
	Plantation FI	. <u> </u>							
e cl gent as/v e ar	limited liability company is not organized under the la range or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited I were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	it the registers in the registers of the limited trabination of the limited trabination. Seen De-	any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in this company.						
Sign	nature of a member of authorized representative of a member		Printed or typed name of signee						
her ovi w or	eby accept the appointment as registered agent and ag sions of all staintes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address. I ed in writing of this change. CT Corporation System Stephanie Hencz, assistantion of Registered Agent	e perjormanc ed for in Cha Thereby confi	pter 605, F.S. Or, if this document is being file rm that the limited hability company has been						

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