



Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000446394 3)))



H210004463943,ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

| Account Name | : | REGISTERED AGENTS INC. | |
|----------------|---|------------------------|--|
| Account Number | : | 120090000081 | |
| Phone | ; | (307)200-2803 | |
| 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.

Email Address:____



Electronic Filing Menu Corporate Filing Menu

Help

AH 10:

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) | 7901 4th St N | | (b | , PO BC | X 128 | |
|----------------------------|---|--|--|--|--|-------------------------------------|
| | Principal office address of limited liability (<u>Note: MUST BE STREET ADDR</u> | | | | Mailing address of limited liab (Note: MAY BE POST OF | · · |
| | STE 300 | | | | | <u></u> |
| | St. Petersburg FL | | | SOUTH | HARWICH MA 0266 | 51-0128 |
| | 12/17/20 | | | L20000 | 394277 | |
| | Date of filing/registration in Flo | rida | - · · | | Document number | |
| . (a) | CORPORATION SERVICE COM | PANY | | | | |
| . (a) | Registered Agent and Registered Office shown on | | he Florida | Dept. of Stat | – e: | 31√i 2021 |
| | 1201 HAYES STREET | | | | | 2021 DEC |
| | Registered Office Address (MUST BE FLOR | IDA STREET A | DDRESS | 2 | _ | |
| | | | | | | |
| | TALLAHASSEE | F1 | 32301 | | _ | AH IO: |
| | Degistered Agents Inc. | <u> </u> | ··· ·· · | | - | 11 1 |
| (b) | Registered Agents Inc. | | 0.00 | 1 | _ | |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u> | y registered | Contre add | <u>117855</u> : | | |
| | 7901 4th St N | | | | | |
| | NEW Registered Office Address: | ****** | | | *** | |
| | | | | | | |
| | STE 300 | | | | | |
| | | FI | 33702 | • | | |
| | St. Petersburg | , FL. | | | - | |
| f the l | St. Petersburg | under the law | vs of the | State of F | - orida, it is hereby confir e and the business office | med that after |
| he cha | St. Petersburg imited liability company is not organized ange or changes are made, the Florida stre will be identical. Or, in the case of a Flori | under the law et address of ida limited lia | vs of the the regis | State of Fl stered offic suppany, it | e and the business office is hereby confirmed that | : of the registere the change(s) |
| he cha igent v vas/w | St. Petersburg | under the law et address of ida limited lia ine members o | vs of the the regis ability co f the lim | State of F stered offic ompany, it ited liabili | e and the business office is hereby confirmed that ty company or as otherw | : of the registere the change(s) |
| he cha gent v vas/w | St. Petersburg imited liability company is not organized ange or changes are made, the Florida stre will be identical. Or, in the case of a Flori ere authorized by an affirmative vote of th | under the law et address of ida limited lia ine members o | vs of the the regi- ability co f the lim limited l | State of F stered offic ompany, it ited liabili | e and the business office is hereby confirmed that ty company or as otherw | : of the registere the change(s) |

Signature of Registered Agent

11

notified in writing of this change.

ama_

• • -

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

Bill Havre - Assistant Secretary

U