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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (813)436-5206

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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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

L. N	ame of the limited liability company:	ations LL	C			
2. (a)			(b)			
2. (4,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(-,		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	7901 4th St N STE 300			7901 4th S	St N STE 300	
	St. Petersburg FL 33702			St. Petersb	sburg FL 33702	
	01/07/21		L	210000200	8800	
3.	Date of filing/registration in Florida	4.	_		Document number	
5. (a)	, HOEKEL, MELANIE					
<i>5.</i> (a)	Registered Agent and Registered Office shown on the records of	the Flori	da E	Pept. of Stat	ate:	
	6625 Argyle Forest Blvd Ste 4 #1131					
	Registered Office Address [MUST BE FLORIDA STREET]	ADDRE:	<u>SS)</u>		2021	
	Jacksonville F	32244			FILE 2024 DEC -5	
(b)					- S PH D	
	Enter name of NEW Registered Agent and/or NEW Registere	d Office a	ıddr	ess:		
	7901 4th St N				<u></u>	
	NEW Registered Office Address:					
	STE 300				 -	
	St. Petersburg	33702 L			_	
the changent was/w the art	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I are authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the reginability of the limited	giste con mit Hia	ered office ipany, it is ed liabilit ibility con	ee and the business office of the registe is hereby confirmed that the change(s) ity company or as otherwise provided in	
1 C.	And the American American description and the American authorized representative of a member	Ro —	bin	Jones	Printed or typed name of signee	
I here provis the ob to mer	by accept the appointment as registered agent and age tions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I If in writing of this change.	e perfori ed för in herchy	mar Ch con	n this cap ace of my apter 605 firm that	pacity. I further agree to comply with t	he ept ed

Signature of Registered Agent