7/30/2021

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

Fax Number : (850)617-6383

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (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:

LLC REGISTERED AGENT CHANGE **OLYMPUS PROTECTION LLC**

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AUG 0 2 2021

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Help

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. N	ame of the limited liability company: OLYMP	PUS PI	ROTE	CTION LLC		
2. (a)	1220 HIGH ROAD	Œ	(b) 1220 HIGH ROAD			
(/	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited lia (Note: MAY BE POST O.		
	TALLAHASSEE, FL 32304		TALLA	HASSEE, FL 32304		
	01/11/2021		L21000	024326		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	DEAN E YOUNG					
<i></i> ()	Registered Agent and Registered Office shown on the records	of the Florida	ι Dept. of Sta	te:		
	1220 HIGH ROAD					
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS	<u>D</u>	_		
				_		7
	TALLAHASSEE	FL 32304	1		21	SEC SEC
				_	1 JUL 30	3X C
(b)	Registered Agents Inc.				30	
	Enter name of NEW Registered Agent and/or NEW Register	red Office ad	dress:		79	
	7901 4th St N				$\ddot{\sim}$	ST
	NEW Registered Office Address:			_	61	ATE
	STE 300					S
				_		
	St. Petersburg	_{FL} 33702	2			
the ch 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 authorized by an affirmative vote of the member ticles of organization or the operating agreement of the street authorized by the companion of the operating agreement of the street authorized by the companion of the operating agreement of the companion of the operating agreement of the companion of the	laws of the of the regi. I liability cors of the lim	State of Fi stered offic ompany, it nited liabili	ce and the business office is hereby confirmed that ty company or as otherw	e of the re the chan	egistered ge(s)
<u>R:1</u>	in tak	Rile	ey Park			
Signa	ature of a member or authorized representative of a member			Printed or typed name of si		
provis the ob to mei notifie	thy accept the appointment as registered agent and cions of all statutes relative to the proper and completions of my position as registered agent as provicely reflect a change in the registered office address, and in pritting of this change. Bill Havre - Assist	agree to accete perform ided for in (, I hereby co ant Secre	ance of my Chapter 60 onfirm thai	pacity. I further agree to duties, and I am familia 5, F.S. Or, if this docunt the limited liability con	o comply ir with ar ient is be ipany ha:	with the ad accept ing filed s been
Signati	ure of Registered Agent					