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T. LEMIEUX

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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

rioria								
1. Na	ame of the limited liability company: $\underline{{f N}}$	1CPHER	<u>SO</u>	<u>N'S ML</u>	JSIC LLO	<u> </u>		
2. (a)	7632 Buck Hills CT		(b) 7632 Buck Hills CT					
2, (",	Principal office address of limited liabil (Note: MUST BE STREET ADI	s of limited liability company;			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Cksonville FL 32222			
	Jacksonville FL 32222			Jackson				
	01/26/2021			L2100	00047542			
3.	Date of filing/registration in F	lorida	4.		Document nu	mber		
5. (a)	UNITED STATES CORPOR	RATION AG	ENT	rs, INC.				
	Registered Agent and Registered Office shown	on the records of the	e Floric	la Dept. of Stat	e:			
	5575 S. SEMORAN BLVD.							
	Registered Office Address (MUST BE FLO	RIDA STREET AL	DDRES	<u>(S)</u>	_			
	36					- ,		
	Orlando		3282		~	22		
	Enter name of NEW Registered Agent and/or		ЭПСе а	ddress:	_		FEB 17 /4	ED
	7901 4th St N	N			_		چ	
	NEW Registered Office Address: STE 300				_	3.*	32	
	St. Petersburg	, FL_	3370	2	_			
the charagent was/w the art Signa	limited liability company is not organize ange or changes are made, the Florida st will be identical. Or, in the case of a Florere authorized by an affirmative vote of ticles of organization or the operating agature of a membyr or authorized representative of aby accept the appointment as registered	reet address of torida limited liab the members of reement of the liab a member	he reg bility of the lin imited Ri	istered office company, it is inited liability con ley Park	re and the busing is hereby confinity company or mpany. Printed or typed pacity. I further	ness offic rmed that as others I name of s	re of the classiste progression of the classi	ne registered hange(s) rovided in
provis the ob to mer	ions of all statutes relative to the proper ligations of my position as registered ag rely reflect a change in the registered of ed in writing of this change.	· and complete p ent as provided lice address, I he	perfori for in ereby	nance of my Chapter 60, confirm that	duties, änd I a 5, F.S. Or, if the the limited lia	m famili his docur bility cor	ar with ment is mpany	h and accep s being filed has been

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- Assistant Secretary

Bill Havre

Signature of Registered Agent