Fax: 2083295246

Florida Department of State

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To:

Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone Fax Number : (813)436-5206

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LLC REGISTERED AGENT CHANGE JGPITT ENTERPRISES OF FLORIDA, LLC

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JAN 0 4 2025

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Fax: 2083295246

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.	RISES O	F FLORIDA,	, LLC		
2. (a)		d	o)			
<u>.</u> , (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited I	•	
	7901 4th St N STE 300		7901 4th St N STE 300			
	St. Petersburg Ft. 33702	_	St. Peters	sburg FL 33702		
	01/25/21		L21000047	910		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	Forkey, Russell					
J. (44)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of Sta	ılc		
	1075 Broken Sound Pkwy NW Suite 103					
	Registered Office Address IMUST BE FLORIDA STREET.	ADDRESS	Ž			
	Boca Raton FL	33487		_		
(b)					2025	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad	<u>dress</u> :		2025 JAN -3	22 P.
	7901 4th St N				့ ယ	ESS
	NEW Registered Office Address:			- :. - : ! :	AM 10:	/EU
	STE 300				- □ - α	
	St. Petersburg FL	33702			: 33	
the cha agent was/w the art	limited liability company is not organized under the lay ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lizere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regi ability co of the lin limited	stered offic impany, it iited liabili	ce and the business officis hereby confirmed that ity company or as other impany.	ce of the character of	e registered nange(s)
-	dure of a member or authorized representative of a member			Printed or typed name of :	-	
provis. the ob- to mer	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided elverflect a change in the registered office address, I do in writing of this change.	perform d for in (herchy c	ance of my Chaptèr 60	rduties, and Lam famili 15, F.SOr, if this docu	ar with ment is	and accept being filed
سلو-/	Taylor Newman - Assistant Se	cretary				

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

Signature of Registered Agent