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COVER LETTER

TO: Registration Section Division of Corporations									
SUBJECT:									
Name of Limited Liability Company									
Dear Sir or Madam:									
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.								
Please return all correspondence concerning this matter	to the following:								
Stephen Mastridge									
Name of Person									
Firm/Company									
5402 11th Ave S									
Address									
Gulfport, Fl 33707									
City/State and Zip Code									
mgpillai2018@gmail.com									
E-mail address: (to be used for future annual repor	t notification)								
For further information concerning this matter, please ca	all:								
Manoj Pillai at (393-5759								
Name of Person	Area Code & Daytime Telephone Number								
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303								
Enclosed is a check for the following amount:	:								
■ \$25 Filing Fee	\$55 Filing Fee & Certified Copy								

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.

i. Na	ome of the limited liability company: 3LC, LLC				_					
2. (a)			(b) _							
<i>≖.</i> (α)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)_		-		limited liab E POST OF	•	•	
	188 Boca Ciega Point Blvd S		Saint Peter			Ciega Point Blvd S				
	Saint Petersburg, FL 33708					. 33770				
	01/15/2024		1.21	00004964	7					
3.	Date of filing/registration in Florida	 4.		ſ	Docume	ent nun	iber			
5. (a)										
J. (d)	Registered Agent and Registered Office shown on the records of	of the Flor	ida Dep	ot, of State:						
	United States Corporation Agents, INC.									
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRE	SS)							
	5575 Semoran Blvd, 36						, ·•	2		
	Orlando, 1	FL_32822					が変	ال 24م		
(h)	Stephen Mastridge						ILV.	₩23		
(11)	Enter name of NEW Registered Agent and/or NEW Registered Office address:						AY OF	- 2	П	
							EE. F	2024 JAN 23 PH 14:33		
	NEW Registered Office Address:			•			- PATE	ဒ္		
	5402 11th Ave S									
	Gulfport	33707								
		?[<u></u>								
change agent w was/we	imited liability company is not organized under the lor changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the members cless of organization of the operating agreement of the	ne registe liability (s of the li	ered o compa imited d liabi	ffice and my, it is l liability lity comp	the bus nereby compa- any.	iness o confirm	iffice of the theory of the theory of the	he regi: he chai se prov	stered nge(s) rided in	
Signat	tunof a member or authorized representative of a member	_		ONA C			PIL name of sig		,	
I herel provision the obli to mere notified	by accept the appointment as registered agent and agons of all statutes relative to the proper and completigations of my position as registered agent as provided with reflect a change in the registered office address, of inscriting of this change.	gree to a le perfori led for in I hereby	ct in t mance Chap confir	his capac	ito I f	imber .	aoree la e	·omnh	with the nd accept ving filed s been	

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