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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 : (855)330-1010

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LLC REGISTERED AGENT CHANGE **LUCIANO POLIT LLC**

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A. LUNT

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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.

1. Na	ame of the limited	liability company: LUCI	ANO PO	DLIT L	<u>LC</u>		
2. (a)			(b)			
	Principal offi	ce address of limited liability compa MUST BE STREET ADDRESS)	uny:		Mailing address of limited (Note: MAY BE POST		
					2056227		
	02/11/2021			L21000	0056227		
3.	Date of t	iling/registration in Florida	4.		Document number		
5. (a)		EGISTERED AGENT, IN					
	Registered Agent and	Registered Office shown on the rec	ords of the Flori	la Dept. of St	ate:		
	5647 110Th	AVENUE NORTH			<u> </u>		
	Registered Office A	idress (MUST BE FLORIDA ST	REET ADDRES	<u>(S)</u>			
	ROYAL PA		3341	.1	2021		
(b)	Registere	d Agents Inc.				AVISION OF	
(0)	Enter name of NEW	Registered Agent and/or NEW Re	gistered Office a	ddress:	- 	6 65.	
	7901 4th	St N				ÖF STA BECKELLI AM IO:	
	NEW Registered Office Address:				1		
	STE 300						
	St. Peter	sburg	_ _{. FL} 3370	2	·····		
the ch agent was/w the art	ange or changes ar will be identical. (ere authorized by icles of organizati	mpany is not organized under be made, the Florida street add Or, in the case of a Florida lin an affirmative vote of the mer on or the operating agreement	lress of the reg nited liability of nbers of the li Lof the limited	nstered offi company, it mited liabil	ice and the business off t is hereby confirmed th lity company or as othe	ice of the registered lat the change(s)	
	RIL	uthorized representative of a membe	Ri	ley Park			
					Printed or typed name of		
provis the ob to met notifie	by accept the appions of all statutes digations of my poetly reflect a changed in writing of this	ointment as registered agent of relative to the proper and consistion as registered agent as page in the registered office add schange. Bill Havre - As	and agree to a implete perfor provided for iv ress, I hereby sistant Seci	mance of m Chapter 6 confirm the	apacity. I further agree by duties, and I am fami U5, F.S. Or, if this doct at the limited liability co	to comply with the liar with and accep anent is being filed ompany has been	
	ure of Registered Ager			<i>y</i>			