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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

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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. N	ame of the limited liability company: LISTEN TO Y	OUR IN	ITUITION	I, LLC			
2. (a)		(b)					
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	02/03/2021		L210000	60601			
3.	Date of filing/registration in Florida	4.		Document nur	nber		
5. (a)	INC AUTHORITY RA						
. ,	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	-):			
	390 NORTH ORANGE AVE., STE 2300						
	Registered Office Address (MUST BE FLORIDA STREET A	ADDRESS)					
	ORLANDO FL	32801					
(b)	Registered Agents Inc						
(12)	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:		:	202	
	7901 4th St N				:	2023 466 35 1	
	NEW Registered Office Address:			•		S	· ·
	STE 300				•••	٩	י יררָט
					1.06.11	PH 12: 2	
	St. Petersburg , FL	33702			5.	≥	
the chaagent vwas/withe artifus Signa I here provisithe obito mere	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited like ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the living in the living agreement of the living in the living agreement of the living of a member or authorized representative of a member by accept the appointment as registered agent and agricular of all statutes relative to the proper and complete living of my position as registered agent as provided by reflect a change in the registered office address. If do not writing of this change.	the regist ability cor of the limi limited li Robi	ered office npany, it is ed liability oblity com n Jones	and the busing hereby confirm company or a upany. Printed or typed active. I further	ess office med that t s otherwis	of the I he chai se prov	egistered nge(s) ided in

David Roberts - Assistant Secretary
Signature of Registered Agent