10/18/24, 11:20 AM

Division of Corporations

## Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

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

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## LLC REGISTERED AGENT CHANGE PODPOPULI BOCA LLC

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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:	A LLC	
2. (a)		(b)	)
_ , , ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	0045.04	_	L21000077407
<b>-</b>	Date of filing/registration in Florida		Document number
3.		4.	Document number
5. (a			
	Registered Agent and Registered Office shown on the records of t	he Flortda l	Dept. of State:
	1925 N. Flagler Drive		
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	•
	West Palm Beach FL_	33407	
(b)	Northwest Registered Agent LLC		,
(U)	Enter name of NEW Registered Agent and/or NEW Registered	Office add	lress:
	7901 4th St N		
	NEW Registered Office Address:		<del>7</del> ₹
	STE 300		
			S 22
	St. Petersburg	33702	
agent was/w the art /Signa	limited 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 lia tere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the attraction of a member of a memb	bility cor f the limi limited li Nat S	mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in lability company.  Smith  Printed or typed name of signee
provis the ob to mei notifig	by accept the appointment as registered agent and agre- tions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	ve to act operforma I för in Co verchy co	in this capacity. I further agree to comply with the once of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed infirm that the limited liability company has been
- / Va	Taylor Newman - Assistant Se	cretary	

Signature of Registered Agent