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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 : (855)330-1010
	er the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**
2022 HAY 12	LLC REGISTERED AGENT CHANGE ALL ABOUT VIEW, LLC

Certificate of Status	0
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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

	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)	lailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
	7901 4th St N STE 300		7901 4t	h St N STE 300
	St. Petersburg FL 33702		St. Peter	sburg FL 33702
	02/25/21		L21000	0082857
	Date of filing/registration in Florida	4.		Document number
(a)	WATKINS, STEVE M, III			
(,	Registered Agent and Registered Office shown on the records of	of the Flori	da Dept. of State:	
	41 COMMERCE STREET			
	Registered Office Address (MUST BE FLORIDA STREET	CADDRE.	<u>SS)</u>	
	APALACHICOLA . F	3232	20	
(b)	Northwest Registered Agent			
	Enter name of NEW Registered Agent and/or NEW Registered	ed Office a	ddress:	
	7901 4th St N			
	NEW Registered Office Address:			
	NEW Registered Office Address: STE 300			

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been my field in writing of this change.

Tom Glover - Assistant Secretary

Printed or typed name of signee

Signature of Registered Agent

Signature of a member or authorized representative of a member