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From:

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Account Number	:	I 2009000081	
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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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

(a)		(b)	
	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		Mailing address of limited liability company: <u>(Note: MAY BE POST OFFICE BOX</u>)
	02/22/21	 L2100	00087858
	Date of filing/registration in Florida	4.	Document number
(a)	WELLS & WELLS, P.A.		
	Registered Agent and Registered Office shown on the records o 901 PONCE DE LEON BLVD.		ofState
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		EB
	SUITE 200		15 T
	CORAL CABLES	L	FEB 15 PH 1: FALLAHASSEE
	Registered Agents Inc		SECILLAHASSEE, FL
(b)			
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	<u>d Office address</u> :	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u> 7901 4th St N	<u>d Office address</u> :	
(b)		d Office address:	
(b)	7901 4th St N		

If the fimited fiability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

1 - Internet and the second	Robin Jones	
Signature of a member of authorized representative of a member	Printed or typed name of signee	

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. Thereby confirm that the limited liability company has been number of my writing of this change.

d min Creation	David Roberts	 Assistant Secretary
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Signature of Registered Agent

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

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