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To:	Division of Co Fax Number	orporations : (850)617-6383	ALL TASSE	HAR 15 AM	
From:		: REGISTERED AGENTS INC. : 120090000081 : (307)200-2803 : (813)436-5206	iii .	9: 26	

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LLC REGISTERED AGENT CHANGE DOMKWADRE 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.	Na	me of the limited liability company:				
2. (a	1)		(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)			
		02/24/2021		 L210000918	68	
3.		Date of filing/registration in Florida	4.		Document number	
5. (a	l e	LEGALING CORPORATE SERVICES INC.				
5. (a)	ΩJ	Registered Agent and Registered Office shown on the records of th				
		476 RIVERSIDE AVE. Registered Office Addiess (MUST BE FLORIDA STREET AI	or 2			
			2024 HAR 5			
		JACKSONVILLE . FL	AR			
(b	·)	Registered Agents Inc	ALCONOSSOL			
,	_	Enter name of NEW Registered Agent and/or NEW Registered C	<u>, </u>			
		7901 4th St N	26			
		NEW Registered Office Address;				
		STE 300				
		St. Petersburg	33702			
the cl agent was/ the a	ha Cw we rtic	mited liability company is not organized under the laws nge or changes are made, the Florida street address of taill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of thes of organization or the operating agreement of the liability.	he regis pility co the lim imited l	stered office impany, it is ited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
Sign	/ nati	ure of a member or authorized representative of a member			Printed or typed name of signee	
I her provi the o to me	eb isio bli	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address. The lin writing of this change.	e to act performe for in C ereby co	in this cape ance of my c Thapter 605 onfirm that t	ocity. I further garee to comply with the	
	_	wild Coms David Roberts - Assistant Sec	cretary			
Signa	llic	e of Registered Agent				