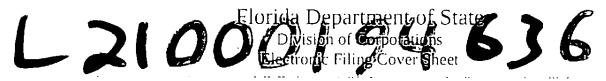
Division of Corporations



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To

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I2009000081 Phone : (307)200-2803

Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	

LLC REGISTERED AGENT CHANGE **EKG NOTARY SERVICES 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 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; (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability compared to MAY BE POST OFFICE BO							
	04/26/21		L21000194	636						
	Date of filing/registration in Florida	4.		Document nu	ımber					
(11)	EKG Notary Services									
	Registered Agent and Registered Office shown on the records of	 ite.								
	2230 NW 251H PLACE									
	Registered Office Address		TA TA	2024						
(b) _	FORT LAUDERDALE		2024 HAR 13 Sepa Tallivilla	ear at						
	Registered Agents Inc	TALLLHASSERA	88/4	-3 - A -1	· ·					
	Enter name of NEW Registered Agent and/or NEW Register		. . 8							
	7901 4th St N		<u> </u>	36						
	NEW Registered Office Address:									
	STE 300			_						
	St. Petersburg	-1								
cha nt w /we	mited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the reg liability o s of the lu	istered offic ompany, it nited liabili	te and the busing is hereby confiction to the confiction of the confidence of the co	ness offici rmed that	e of the the ch	regist ange(s			
	ure of a member or authorized representative of a member	Rot	oin Jones							

i nereow accept inc 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 notified in writing of this change.

Address

David Roberts**

- Assistant Secretary

Signature of Registered Agent