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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803 Fax Number : (855)330-1010

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## LLC REGISTERED AGENT CHANGE TRIPLE HORNE ARMORY LLC

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MAR 2 2 (2023 T. LEMIEUX

## 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: TRIPLE HOR	NE A	RMORY LL	_C		_		
2. fa	)		ſ	b)					
`	, <i>y</i> .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)						
		7901 4th St N STE 300	<del>_</del>	7901 4th	St N STE 300				
		St. Petersburg, FL 33702	_	St. Pete	rsburg, FL 33	3702		•••••	
		05/12/2021	L21000209117						
3.		Date of filing/registration in Florida	4.		Document nun	ber			
5. (	a)	NORTHWEST REGISTERED AGENT							
	. ,	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:							
		7901 4TH ST N STE 300				2	•	2023 H	
		Registered Office Address <u>(MUST BE FLORIDA STREET A</u>	DDRES.	<u>S)</u>	-				
								TK . 7	_
		ST PETERSBURG , FL	33702	2				21 P	ر د
(b	1)	Registered Agents Inc				1, 7, 19,	, -	P# 12:	
`		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :				-	. <del></del>	5	
		7901 4th St N			_				
		NEW Registered Office Address:							
		STE 300			-				
		St. Petersburg , FL_	3370	2					
the c agen was/	hai Lw we	mited liability company is not organized under the lawinge or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited lial re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the regi bility c the lir	istered office ompany, it is nited liability	e and the busine s hereby confirm v company or as	ess office ned that	e of i the	the reg chang	gistered e(s)
R	إسس	ure of a member or authorized representative of a member	$\mathbb{R}$	obin Jo	ones				
Sig	nan	ure of a membér or authorized representative of a member			Printed or typed r	iame of si	gnee		

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 notified in writing of this change.

ભાવ 🗡 Bound Roberts - Assistant Secretary Signature of Registered Agent