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Division of Corporations

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Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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Help. LEMIEUX APR 2 1 2023

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.

. (a)			(b)					
	Principal office address of limited liability (Note: MUST BE STREET ADDRI	• •	. (0)		Mailing address o (Note: MAY B			-
			• •					
_05/14	4/2021		***	L21000	226091			
•	Date of filing/registration in Flor	rida	4.		Document nu	mber		
. (a) <u>RED</u>	WOOD, DWIGHT							
	ed Agent and Registered Office shown on	the records of the	e Florida l	Dept. of Stat	e:			
1231	L6 pink dogwood In							
	red Office Address (MUST BE FLORI	DA STREET AL	DRESS)		_			
14.00	(CONDILLE	EI.	22210		_			
JACI	KSONVILLE	, FL_	32210		-			
(b) Regis	stered Agents Inc							
	ome of NEW Registered Agent and/or NE	W Registered O	office add	ress:	_			
	1 4th St N					ن : ر		
	Registered Office Address:					م. -	2023	
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St. F	Petersburg	, FL_	33702				Û	
e change or e gent will be i las/were auth e articles of	liability company is not organized the changes are made, the Florida street dentical. Or, in the case of a Florida orized by an affirmative vote of the organization or the operating agree	et address of t da limited liab e members of ement of the li	he regist oility con the limi mited li	ered offic npany, it i ted liabili ability cou	te and the bush is hereby confi ty company or mpany.	ness office o irmed that th	of the re ne c <u>h</u> ant	igister ge(s)
Signature of a	member or authorized representative of a n	nember	KOD	in Jones	i Printed or type	d name of sign	ee	
		and and agra	e to act	in this cap	pacity. I furthe	er agree to c	omply	with t
rovisions of a le obligation merely rella	pt the appointment as registered a all statutes relative to the proper a s of my position as registered agen ect a change in the registered offici iting of this change.	na complete p it as provided e address, I he	erjorma for in C greby co	nce of my hapter 60 nfirm that	t duties, and Fig. 5, F.S. Or, if to the limited lic	m jummar his docume ibility comp	wan an nt is bei any has	ing fi Beer

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

Juvid Koperts David Roberts - Assistant Secretary

Signature of Registered Agent