Division of Corporations

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to:

Division of Corporations
Fax Number (859)617-6383

From:

Account Name : REGISTERED AGENTS INC

Account Number : 128096000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

Email Address:

LLC REGISTERED AGENT CHANGE SHARK LAW P.L.L.C.

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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.

1. Na	ame of the limited liability company: SHARK LAW P.L.	.L.C.	
2. (a)		(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)
	06/18/21	L210	00284553
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	CHRZANOWSKI, STEFAN A		
. (44)	Registered Agent and Registered Office shown on the records of		
	8761 56TH STREET #291877		
	Registered Office Address	ADDRESS)	
	TEMPLE TERRACE . FI	33617	2021
(b)			FILL ET
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	HA.
	7901 4th St N		AMIO: LL
	NEW Registered Office Address		四部 🚅
	STE 300		· 🙃 🗲
	St. Petersburg, FI	33702	
the cha agent was/w the art	limited liability company is not organized under the lar ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	ws of the State of the registered ability compa of the limited	e of Florida, it is hereby confirmed that after I office and the business office of the registered ny, it is hereby confirmed that the change(s) Hability company or as otherwise provided in
	ture of a member or authorized representative of a member	Nat Smith	
			Printed or typed name of signee
provis the ob- to mer notifiy	by accept the appointment as registered agent and aggions of all statutes relative to the proper and complete ligations of my position as registered agent as provide elv reflect a change in the registered office address, I d in writing of this change.	rce to act in the performance of for in Chap- thereby confiring the performance of the pe	its capacity. I further agree to comply with the of my duties, and I am familiar with and accept ter 605, F.S. Or, if this document is being filed in that the limited liability company has been
/ l/	Taylor Newman - Assistant S	ecretary	

Signature of Registered Agent

- Assistant Secretary