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(((H21000434432 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

**Enter the email address for this business entity to be used for future **

annual report mailings forter only one small report mailings forter only one small report mailings forter only one small report mailings. annual report mailings. Enter only one email address please.

Email	Address:				-		_
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LLC REGISTERED AGENT CHANGE STIMNSMILE LLC

Certificate of Status	0
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NOV 3 0 2021

S. PRATHER

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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. N	ame of the limited liability company: STIMNSN	/ILE	LLC						
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)						
		-							
	07/14/21		L21000	320707					
3.	Date of filing/registration in Florida	4,		Document number					
5. (a)	LEGALINC CORPORATE SERVICES INC								
J. (u)	Registered Agent and Registered Office shown on the records of the	he Florida	Dept. of Stat	- le:					
	5237 SUMMERLIN COMMONS				A	20			
	Registered Office Address (MUST BE FLORIDA STREET A	_		21 >					
	SUITE 400		HAG	2021 NOV 29					
	FORT MEYERS , _{FL} 33907						ASSEE.		
	Registered Agents Inc.		•		FLORID	AH S	Ü		
(b)	Enter name of NEW Registered Agent and/or NEW Registered (Office add	lress:	_	ATE RIDA	9: 51			
	7901 4th St N				-				
	NEW Registered Office Address:	_							
	STE 300	<u></u>							
	St. Petersburg ,FL	33702							
the cha agent t was/w	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the regis bility co f the lim	tered offic mpany, it i ited liabili	e and the business off is hereby confirmed the ty company or as othe	fice of the	e regis ange(s	tered s)		
	R: LL	Rile	y Park						
Signa	sture of a member or authorized representative of a member			Printed or typed name o	f signee				
provis the ob to mer	by accept the appointment as registered agent and agro ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change.	ee to act perform I for in C ereby co	in this cap ince of my Chapter 60, onfirm that	oacity. I further agree duties, and I am fami 5, F.S. Or, if this doce the limited liability of	to comp liar with ument is ompany l	ly with and a being has bei	i the ccepi filed en		

Signature of Registered Agent

- Assistant Secretary

Bill Havre