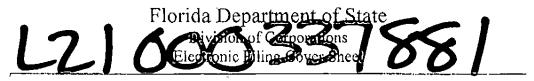
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Division of Corporations



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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.	Name of the limited liability company: PAPOUTSIS EL								
2. (a)			(b) 1433 S BELCHER RD, #E4, CLEARWATER, FL 33764						
	Principal office address of limited liability company: (Note: MUST RE STREET ADDRESS)				_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE ROX)			
			-						
	07/26/2021		L2	21000337	7881				
3.	Date of filing/registration in Florida	4.	_		Document nur	nber			
5. (a)								
,	Registered Agent and Registered Office shown on the records o	fille Flor	rida D	ept. of Sta	ate:				
	REGISTERED AGENT SOLUTIONS, INC.								
	Registered Office Address (MUST BE FLORIDA STREET	ADDRI	.S.S)		_				
	155 OFFICE PLAZA DR. SUITE A								
	TALLAHASSEE , F	L 32301			_		20		
							40N 2202		
(b						語点	¥0¥	<u>]</u>	
	Enter name of NEW Registered Agent and/or NEW Registere	d Office	<u>nddre</u>	<u>.55</u> :		統함	<u>+</u>	F _A	
	Christos Papoutsis						A		
	NEW Registered Office Address:						=	<u>; :</u>	
	3274 Haviland Ct Unit 102				_	-,	19		
	Palm Harbot	L ³⁴⁶⁸⁴	,						
I Cale	limited Highlier		C.		 La dida da la bia de		tat	Δ	
chan agen was/	limited liability company is not organized under the la ge or changes are made, the Florida street address of the twill be identical. Or, in the case of a Florida limited li were authorized by an affirmative vote of the members rticles of organization or the operating agreement of the	e regist iability of the l	ered (comp imite	office ar sany, it i d liabili	nd the business of is hereby confinity company or a	office of the med that the	registe chang	red c(s)	
	Christos Papoutsis	Ç	hristo	s Papout	tsis				
Sig	nature of a member or authorized representative of a member				Printed or typed	name of signe	¢		
prov the o to me notifi	reby accept the appointment as registered agent and ag isions of all statutes relative to the proper and complete bligations of my position as registered agent as provide trely reflect a change in the registered office address, I ed in writing of this change.	ree to a perfor d for in hereby	ict in mane i Cha conf	this cap se of my spter 60. irm that	pacity. I further duties, and I an 5, F.S. Or, if the the limited liab	agree to co n familiar w is document ility compar	mply w ith and is bein ny has l	ith the accept g filed Seen	
	Christos Papautsis								
Signa	ture of Registered Agent								