8/23/2021

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

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

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LLC REGISTERED AGENT CHANGE THESONICGURU LLC

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AUG 2 4 2021

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2021 AUG 23

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: THESO	NICGU	JRU LLC			
2. (a)	970 MCCULLOUGH AVE	(b)	(b) 879 MCCULLOUGH AVE.			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0).	Mailing address of limited liability (Note: MAY BE POST OFFIC			
	203					
	ORLANDO, FL 32803		ORLANDO, FL 32803			
	08/18/21	L	_21000370538			
3.	Date of filing/registration in Florida	4.	Document number	,		
5. (a)	MICHAEL J SIMS					
(11)	Registered Agent and Registered Office shown on the records	of the Florida D	Dept. of State:			
	879 MCCULLOUGH AVE.	_				
	Registered Office Address (MUST BE FLORIDA STREE					
	203			26		
	ORLANDO	_{FL} 32803		ision d		
(b)	Registered Agents Inc.			23		
(6)	Enter name of NEW Registered Agent and/or NEW Register	red Office addr	ress:	OF S		
	7901 4th St N			OF STATE PORALIO		
	NEW Registered Office Address:	u	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	~ ×		
	STE 300					
	St. Petersburg	FL 33702				
sign I here provise the object to menotified	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of the authorized representative of a member seby accept the appointment as registered agent and completely accept the appointment as registered agent and completely reflect a change in the registered office address, and in sprining of this change. Bill Havre - Assist	of the registed liability con its of the limited lia Riley agree to act its effective for in Cl.	printed of the business office of impany, it is hereby confirmed that the ited liability company or as otherwise ability company. Y Park Printed or typed name of signee in this capacity. I further agree to connice of my duties, and I am familiar with a	the registered change(s) provided in mply with the ith and accept is being filed		

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

Signature of Registered Agent