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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

Fax Number : (855)330-1010

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LLC REGISTERED AGENT CHANGE SOLIS TILE SERVICE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

T. LEMIEUX

HAPR 1 2 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

riori g e 1. Na	ne of the limited liability company: SOLI	S TILE S	SERVIC	E, LLC			
2. (a)			o)				
(,	Principal office address of limited liability compa (Nate: MUST BE STREET ADDRESS)		Ma	iling address of lim Note: MAYBE PO			-
	4527 19th street cir w		4527 19th	street cir w			
	BRADENTON, FL 34207		BRADEN [*]	TON, FL 3420	07		
	08/20/21		L21000	374887			
3.	Date of filing/registration in Florida	4.		ocument numbe	er		
5. (a)	INC AUTHORITY RA						
(2)	Registered Agent and Registered Office shown on the rec	ords of the Florid	a Dept. of State				
	Registered Office Address (MUST BE FLORIDA ST	REET ADDRES.	<u>27</u>				
	390 NORTH ORANGE AVE., STE 230	00-N					
	ORLANDO	FL_ <u>3280</u>	1				
(b)	Registered Agents Inc						
(07	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Reg</u>	gistered Office ad	ldress:				
	7901 4th St N				 	2023 ATO	
	NEW Registered Office Address					, , ,	
	STE 300				÷	_	=:
	St. Petersburg	33702	2		: ::	11 PH12:	יורר יוררט
the cha agent v was/we the arti	imited liability company is not organized under inge or changes are made, the Florida street add vill be identical. Or, in the case of a Florida line are authorized by an affirmative vote of the men cles of organization or the operating agreement	lress of the regi nited liability combers of the lin	stered office a ompany, it is h nited liability of liability compa	and the business nereby confirme company or as of any.	office of d that the	that at the reg	isterec e(s)
- 1	Paking forces		KL	BIN JONES			

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been natified in writing of this change.

David Roberts - Assistant Secretary

Printed or typed name of signee

Signature of a member of authorized representative of a member