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From:

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Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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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.

L. N	ame of the limited liability company: Deeper	Than i	Reps I	LC	
2. (a)		(b)			
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limite (Note: MAY BE PQS)	Hiability company:
	08/23/2021	— — .—.		0375799	
3.	Date of filing/registration in Florida	 		Document number	
5. (a)	Williams, Levon J				
5. (a)	Registered Agent and Registered Office shown on the records o	f the Florida	Dept. of State	- <u>:</u> :	
	5575 S. SEMORAN BLVD.				F. 2
	Registered Office Address (MUST BE FLORIDA STREET	'ADDRESS)		•	220
	36			_	
	ORLANDO	32822			10
(h)	Registered Agents Inc				2022 OCT 10 PM 4: 08
	7901 4th St N				_
	NEW Registered Office Address: STE 300				
	St. Petersburg	L_33702			
the cha agent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited I ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the regist iability cor of the limi	ered office npany, it is ted liability	and the business of hereby confirmed t y company or as other	fice of the registered hat the change(s)
	Riluy Park.	Rile	y Park		
	nture of a member or authorized representative of a member			Printed or typed name of	_
provis the ob to mer	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address, I d in writing of this change.	e nerfarma	nce of my a	duties and Lamfon	ilior with and accent -

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

- Assistant Secretary

Bill Havre

Signature of Registered Agent