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	To:				
		Division of Co	rporations		
		Fax Number	: (850)617-6383		
	From:				
		Account Name	: REGISTERED AGENTS INC.	**************************************	.
		Account Number	: I20090000081	- 1	9622
د		Phone	: (307)200-2803		
ر. 0		Fax Number	: (855)330-1010	i	0CT I
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LLC REGISTERED AGENT CHANGE ESBOSSOS LLC

Certificate of Status	0
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Estimated Charge	\$25.00

T. LEMIEUX

OCT 1 2 2022

A 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

2. (a)	(b)								
				failing address of (Note: MAY BE					
	08/23/2021			0376914	1				
	Date of filing/registration in Florida	4.		Document num	nber				
5. (a)	AV ACCOUNTING ASSOCIATES	CORP							
. (4)	Registered Agent and Registered Office shown on the reco	Dept. of State	:						
	1525 N PARK DR								
	Registered Office Address (MUST BE FLORIDA ST								
	SUITE 104								
	WESTON	_{, FL} 33326							
(b)	Northwest Registered Age			2022 OCT					
(0)	Enter name of NEW Registered Agent and/or NEW Reg		-						
	7901 4th St N				<u>; </u>				
	NEW Registered Office Address:		- -						
	STE 300				08187	20			
	St. Petersburg	_, _{FL} 33702							
he cha igent v vas/we	imited liability company is not organized underinge or changes are made, the Florida street addivil be identical. Or, in the case of a Florida limbre authorized by an affirmative vote of the mencles of organization or the operating agreement	ress of the regist lited liability cou libers of the limi	tered office mpany, it is ted liability	and the busing hereby confir company or a	ess office of med that the	the re	gistere (e(s)		
\sim)		gan Nol						
Signa	ture of a member or authorized representative of a member			Printed or typed	name of signe	ė			

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 my filed in writing of this change.

on Tlove Tom Glover - Assistant Secretary

Signature of Registered Agent