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(Business Entity Name)						
(Document Number)						

Office Use Only

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SECRETARY OF STATE
TALLAHASSFELFIORIO.

03 IAN -3 PH 12:

## 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. Na	nne of the limited liability company:	ІАТСНМ	AKER	LLC		
2. (a)	7508 LA PAZ COURT APT 205		(b) 75	508 LA PAZ COU	RT APT 205	
<u> </u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(")_		ress of limited liability company:  1AY BE POST OFFICE BOX)	
	BOCA RATON, FL 33433	<del></del>	H(	OCA RATON, FL	33433	
	APRIL 29, 2022		L21	000384994		
3.	Date of filing/registration in Florida	4.		Documer	nt number	
5. (a)	NORTHWEST REGISTERED AGENT LLC					
, ,	Registered Agent and Registered Office shown on the records of the Florida Dept, of State 7901 4TH ST N STE 300  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	ST. PETERSBURG	FL_33702	!		<b></b>	٠
(b)	MICHAEL J SPOHN			·	SECRI	i
	Enter name of NEW Registered Agent and/or NEW Register 2092 PYRAMID RD	<u>red Office</u>	addres	<u>s</u> :	2023 JAN -3 PH 12: 29 SECRETARY OF STATE TALLAMASSEE FLORID	
	NEW Registered Office Address:			<del></del>	H 12: 29 FLORID	$\supset$
	PORT ST LUCIE	FL	<u> </u>		•••	
change agent v was/wa	imited liability company is not organized under the lear changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the members des of treanization or the operating agreement of the content	he regist liability s of the l	ered o compa imited	ffice and the busing, it is hereby containing it is hereby compan	ness office of the registered onfirmed that the change(s)	) )
	Jeff Julian Mar	11	EFF RU			
I herei provisi the obl 10 mere notifide	tule of Milember or authorized representative of a member of accept the appointment as registered agent and a only of all statutes relative to the proper and completing its solutions of my position as registered agent as providing the reflect a change in the registered office address, thin writing of this change	te perfor led för i	mance n Chaj	his capacity. I fu of my duties, and oter 605, F.S. Or,	d Lam familiar with and acc if this document is being fi	cept led
	Division of Corporations • P.O	). Box 63	327 <b>•</b> T	allahassee, FL 3	2314	

**FILING FEE: \$25.00**