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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.

i. Na	me of the limited liability company:			·			
2. (a)	7580 Pinecrest Avenue	-	7580 Pine	crest Avenue	•		
(- /	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		` /	Mailing address of limited liability company: (Note: MAY RE POST OFFICE BOX)	-		
	Melbourne, Florida 32904	_	Melbourn	e, Florida 32904	•		
	September 15, 2021	_	L21000408	3595	-		
3.	Date of filing/registration in Florida	4.		Document number	-		
5. (a)	Joseph H. Ryall						
(-)	Registered Agent and Registered Office shown on the records of a Registered Office Address (MUST RE FLORIDA STREET)		•	tte :			
	3658 Whisperwood Circle	WWA	<u> </u>		3E0	202	
		32901			Ž.	2021 OCT 20	ائ_
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office	address:			20 PH	JLED
				TORIC	OTAT	H :: 0	
	NEW Registered Office Address:)A	1	8	
	7580 Pinecrest Avenue			-			
	Melbourne, FI	3290-	ţ				
chang agent was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of its of organization or the operating agreement of the	regist ability of the limite	tered office a company, it limited liabil d liability co	and the business office of the registered is hereby confirmed that the change(s) lity company or as otherwise provided in impany.	ic		
· ·	ature of member or authorized representative of a member	-	oseph H. Rya	Printed or typed name of signoc			
l hen provis the ol to ma notific	eby accept the appointment as registered agent and agesions of all statutes relative to the proper and complete sitions of my position as registered agent as provide rely reflect a change in the registered office address, I am writing of this change.	ree to perfo id for i hereb	act in this ca rmance of m in Chapter bi v confirm tha		e pi d		

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