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

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T. LEMIEUX

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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.

1. Na	ime of the limited liability company: \underline{S}	HARABI	LL, l	LC				
2. (a)			(b)		Mailing address	****	- L. (1)	
	Principal office address of limited liabil (Note: MUST BE STREET ADL				Mailing address (<u>Note: MA</u>)		-	
					,			
			_			_	_	
	09/16/21		_	 L210(004115	88		
3.	Date of filing/registration in F	lorida	4,		Document			. 414-44-46
5. (a)	NOVAK JEEEDEV D							
). (a)	Registered Agent and Registered Office shown	on the records of th	ne Florida	Dept. of St	ate:			
	2338 IMMOKALEE RD., #3	80			· ·			
	Registered Office Address (MUST BE FLO	ORIDA STREET A	<u>DDRESS</u>	2				
	NAPLES	, FL_	34110)				
(b)	Registered Agents Inc	o						
()	Enter name of NEW Registered Agent and/or	NEW Registered (Office ad	dress:		3 200	22	
	7901 4th St N				<u></u>		2022 HAY -6	•
	NEW Registered Office Address:					145	1	 :
	STE 300						9	f ILEO
	St. Petersburg	, FL	33702	2	·	F SIAI	PM 12:	
the ch agent was/w	limited liability company is not organize ange or changes are made, the Florida swill be identical. Or, in the case of a Fluere authorized by an affirmative vote of ticles of organization or the operating ag	treet address of orida limited lia [the members o	the regi ibility co if the lin	stered om ompany, it nited liabi	ice and the bu t is hereby co lity company	nfirmed th	at the c	thange(s)
	R: Let 121, attree of a member or authorized representative of		Ril	ey Parl				<u> </u>
						yped name of		l. with th
provis the ob- to me	eby accept the appointment as registered sions of all statutes relative to the prope obligations of my position as registered a rely reflect a change in the registered of eff in writing of this change.	d agent and agr r and complete gent as provided fice address, I l	ree to ac perform d for in hereby c	t in this co nance of m Chapter 6 confirm the	apacity. I fur ty duties, and 05, F.S. Or, at the limited	mer agree I am famil if this doci liability co	to con liar wit ament i ompany	npry with the h and acceps s being filed thas been
jee	Bill Havre	- Assistan	t Secre	etary				

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

Signature of Registered Agent