Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

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

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

P*	Address:			

LLC REGISTERED AGENT CHANGE **CAMS AM US LLC**

Certificate of Status Certified Copy 02 Page Count \$25.00 Estimated Charge

OCT 26 2021

A. LUNT

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. N	ame of the limited liability company: Cams	SAMU	Js LLC				
2. (a)	11054 89th road		(b) 11054	189th road			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	live oak florida 32060		live oal	c florida 32060			
	10/01/21		L21000)431186			
3.	Date of filing/registration in Florida	4	-	Document number			
5. (a	RYAN L SCHEURMAN				20:); V	
. (Registered Agent and Registered Office shown on the recent 11054 89TH ROAD	ords of the F	orida Dept. of St	Me:	1021 OCT 25	SECRETAR DIVISION OF	
	Registered Office Address (MUST BE FLORIDA ST	REET ADDI	<u>(ESS)</u>			00 P	
				_	A	- 음목(- 음목(
	LIVE OAK	_ _{. FL} 32	060		AM 10: 1	711	
(b)		ent LLC			7	ź	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Reg</u>	gistered Offic	<u>re address:</u>				
	7901 4th St N						
	NEW Registered Office Address:						
	STE 300						
	St. Petersburg	, FL 33	702	_			
ه ما د ۱۴	limited liability, against the second and and a	• • • • • • • • • • • • • • • • • • •	Esha Canta of F	— Manida is in headan canfinn		6	
the ch agent was/w	limited liability company is not organized under ange or changes are made, the Florida street addr will be identical. Or, in the case of a Florida lim ere authorized by an affirmative vote of the mem fieles of organization or the operating agreement	ress of the lited liabili libers of the	registered offic y company, it limited liabili	ce and the business office or is hereby confirmed that the ity company or as otherwis	of the reg ne change	istered :(s)	
\mathcal{T}) orean Jakle		Morgan Nob	ole			
Sign	ature of a nember or authorized representative of a member			Printed or typed name of sign	ee		
provis the ob	by accept the appointment as registered agent a ions of all statutes relative to the proper and con ligations of my position as registered agent as pr ely reflect a change in the registered office addr	nplele perf rovided for	ormance of my in Chapter 60	: duties, ånd Lam familiar)5, F.SOr, if this docume	with ànd at is bein:	accept g filed	

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

TLOVET om Glover - Assistant Secretary

Signature of Registered Agent