## Division of Corporations U U U Florida Department of State

Division of Corporations: 14 11. **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6383 Trackly by Arter and Same

From:

Account Name REGISTERED AGENTS INC.

Account Number .: 120090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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Notes

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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 is submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Principal office address of limited liability company:  (Nate: MUST RESTREET ADDRESS)  10/12/2021  Date of filing/registration in Florida 4. Document number  5. (a) COTWAL, NICK  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  2870 S SEACREST BLVD  Registered Office Address  (MUST BE FLORIDA STREET ADDRESS)  BOYNTON BEACH  Enter name of NEW Registered Agent and/or NEW Registered Office address:  7901 4th St N  NEW Registered Office Address:  STE 300  St. Petersburg  FL 33702  If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that the change or changes are made, the Florida street address of the registered office and the business office of the ragent will be identical. Or, in the case of a Florida imited liability company, it is hereby confirmed that the change of changes are made, the Florida imited liability company or as otherwise provide articles of organization or the operating agreement of the limited liability company or as otherwise provide articles of organization or the operating agreement of the limited liability company.  Riley Park  Signature of a member or authorized representative of a member  Printed or typed name of signee	(
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I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with at the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is be to merely reflect a change in the registered office address, I hereby confirm that the limited liability company ha notified in writing of this change.  Bill Havre - Assistant Secretary  Signature of Registered Agent	with the id accept ing filed s been