Florida Department of State

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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 : (813)436-5206

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

LLC REGISTERED AGENT CHANGE STOREHOUSE 710 STUDIOS LLC

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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	ame of the limited liability company: STOREHOUSE 7	10 STUDIOS LL	.c
2. (a)		(b)	
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	255 PRIMERA BLVD SUITE 160	255 1	PRIMERA BLVD SUITE 160
	LAKE MARY FLORIDA 32746	LAKE MARY FLORIDA 32746	
	10/13/21	L2100	0447215
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	JAY, DAVEY T		
(a)	Registered Agent and Registered Office shown on the records of	the Florida Dept. o	of State:
	1215 E CONCORD STREET		
	Registered Office Address (MUST BE FLORIDA STREET)	<u>ADDRESS)</u>	
	ORLANDO	32803	20
(b)	Registered Agents Inc		APPRO AND FILE 2024 NOV 21
,	Enter name of NEW Registered Agent and/or NEW Registered Office address:		
	7901 4th St N		
	NEW Registered Office Address:		
	STE 300		5
	St. Petersburg , FI.	33702	
the cha agent v was/we the arti Signal I herei provisi the obli-	mited liability company is not organized under the lay nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liastic authorized by an affirmative vote of the members of cless of organization or the operating agreement of the cless of organization or the operating agreement of the cless of a member of all statutes relative to the proper and complete igations of my position as registered agent as provided in the registered office address, I if in writing of this change. David Roberts - Assistant Section 1.	the registered ability compan of the limited li li li limited li	office and the business office of the registered by, it is hereby confirmed that the change(s) liability company or as otherwise provided in by company. Printed or typed name of signce be company with the