Division of Corporations

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

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

Email	Address:	:		

LLC REGISTERED AGENT CHANGE PRIDE AND JOIE 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. N	ame of the limited liability company: Pride an	d Joi	e LLC	<u> </u>
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
				200.400.000
	10/25/2021	_	L210	000463939
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
	Registered Agent and Registered Office shown on the records of	the Floric	la Dept. of S	State:
			<u> </u>	<u> </u>
	Registered Office Address (MUST BE FLORIDA STREET			
	2115 SONG SPARROW CT			
	RUSKINFI	3357	0	1022 SEC
(b)	Registered Agents Inc.	APPK AP FIL 2022 JUL 28 SECRETAR) FALLAHASS		
	Enter name of NEW Registered Agent and/or NEW Registered	d Office a	ddress:	
	7901 4th St N			AR 6: OF STA
	NEW Registered Office Address:			B: L7
	STE 300			<u>-</u>
	St. Petersburg	3370	2	
the ch agent was/w	limited liability company is not organized under the la lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited I were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	f the reg iability of of the lii	istered of company, nited liab	Tice and the business office of the registered it is hereby confirmed that the change(s) sility company or as otherwise provided in
R	Lilux Park.	Ri	ley Par	rk
_	ature of a member or authorized representative of a member			Printed or typed name of signee
provis the ob- to met	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, l ed in writing of this change.	e nertori	nance of r	my duties, and Lam tamiliar With and Accept

Signature of Registered Agent

Bill Havre - Assistant Secretary