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to:

Division of Corporations
Fax Number (858)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 12089000081
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.

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DIVISION SEED FLORIDA

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T. LEMIEUX JAN 2 6 2024 1/25/2024 11:32:/7 PST _ To: 18506176383 Page: 2/2 From: Registered Agents Inc Fax: 8134365206

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. 8	Name of the limited liability company:	ROP 4 LLC	
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)
3	11/03/21 Date of filing/registration in Florida	L21000	0473957 Document number
3.		4,	Document number
5. (8			
	Registered Agent and Registered Office shown on the records of	the Florida Dept. o	1 State.
	5717 BESSIE DR		
	Registered Office Address (MUST BE FLORIDA STREET	<u>ADDRESS)</u>	
(b)	Northwest Registered Agent LLC	34233	2024 JAN 25 PM 3: 28 2024 JAN 25 PM 3: 28 SECRETARY OF STATE SECRETARY OF STATE
) Enter name of NEW Registered Agent and/or NEW Registered	d Office address:	- 36 2 11
	7901 4th St N		7 3: 28 7 STA
	NEW Registered Office Address:		m m
	STE 300		<u>.</u>
	St. Petersburg Fi	33702	<u>.</u>
the cl agent was/v	limited liability company is not organized under the la nange or changes are made, the Florida street address o 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 registered of the liability company of the limited liability in the limited liability.	office and the business office of the registered that the change(s) that the change(s) ability company or as otherwise provided in
	Will Emplify	Nat Smith	
•	nature of a member or authorized representative of a member		Printed or typed name of signee
provi the oi to me	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I yd in writing of this change.	ree to act in this e performance of ed for in Chapter hereby confirm	s capacity. I further agree to comply with the first duties, and I am familiar with and accept a feb., if this document is being filed that the limited liability company has been
- / V	Taylor Newman - Assistant S	Secretary	

Signature of Registered Agent