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H220001620853ABC-

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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number

: (855)330-1010

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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.

. (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)		
-		 -			-
1	11/05/2021	L	21000479490		
·	Date of filing/registration in Florida	4.	Document number		
i. (a) [PARTANIO, LAUREN				
	Registered Agent and Registered Office shown on the records o	f the Florida D	ept. of State:		
				.;. ≥	
i	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			022	
	7901 4TH ST N STE	300		2022 MAY -4 Self of Licen	
	ST. PETERSBURG, F	13370)2		
(b)	Registered Agents Inc.			PH 12: 0	
107	Enter name of NEW Registered Agent and/or NEW Registered	d Office addr			
	7901 4th St N				
	NEW Registered Office Address:				
	STE 300				
		00700			
	St. Petersburg	L_33702			
he chan igent w was/wer	mited liability company is not organized under the large or changes are made, the Florida street address ill be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the registe liability con s of the limit	ered office and the business off pany, it is hereby confirmed the ed liability company or as othe	ice of the register hat the change(s)	
	of the operating agreement of a		y Park		
Signatu	ure of a member or authorized representative of a member	· ·	Printed or typed name o	t signee	_

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Bill Havre

Signature of Registered Agent

Assistant Secretary