Florida Department of State

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From:

Account Name : REGISTERED AGENTS INC.

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

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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	me of the limited liability company:	LC	
2. (a)		_ (b)	
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	Mailing address of limited hability company: (Note: MAY BE POST OFFICE BOX)
3.		11/10/2021 Date of filing/registration in Florida	L210	21000486149 Document number
J.		IBRAHIM, ADAM	4.	Document number
5. (a	(a)	Registered Agent and Registered Office shown on the records of ti	he Florida Dev	Dept. of State:
		5 5		
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	
		1080 BRICKELL AVENUE APT 4402		
		MIAMI , FL_	33131	2
(b	b)	Northwest Registered Agent LLC	23 JUN 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		Enter name of NEW Registered Agent and/or NEW Registered Office address:		ess:
		7901 4th St N		-
		NEW Registered Office Address:		~
		STE 300		
		St. Petersburg , FL	33702	
the dager	cha nt w /we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia- tere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registere bility compa f the limited	ered office and the business office of the registere ipany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in ability company.
∠_Siչ	<u>l∕</u> gnat	ure of a member or authorized representative of a member		Printed or typed name of signee
prov the o	asi obli ere	by accept the appointment as registered agent and agro ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I h I in writing of this change.	performance I for in Chaj ereby confi	n this capacity. I further agree to comply with the ace of my duties, and I am familiar with and accep apter 605, F.S. Or, if this document is being filed afirm that the limited liability company has been
- / l	/	Taylor Newman - Assistant Se	cretary	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00