Division of Corporations

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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.

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LLC REGISTERED AGENT CHANGE **COPPARONI SA 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	lame of the limited liability company:	A LEC		
2. (a)		(Ł	ı)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	11/24/2021		L210005041	130
3.	Date of filing/registration in Florida	— 4.		Document number
5. (a	GLOBAL ADMINISTRATIVE SERVICES, LLC			
5. (a	Registered Agent and Registered Office shown on the records of 4623 NW 84TH AVE	ot the Florida	Dept. of Stat	
	Registered Office Address (MUST BE FLORIDA STREET)	<u>r address</u>	1	
	DORAL . F	L_33166		FIL 2025 JAN 30 SECNFTAN TALL MHASSE
(h.)	Northwest Registered Agent LLC			N 30
(b)	Enter name of NEW Registered Agent and/or NEW Registere	ed Office ad	dress:	riic (T
	7901 4th St N			AH 9: IFLOR
	NEW Registered Office Address:			T A
	STE 300			_
	St. Petersburg	33702		
he ch igent vas/w	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members icles of organization or the operating agreement of the	aws of the of the regis liability co s of the lim	stered office impany, it i lited liabilit	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
	ature of a member or authorized representative of a member	Nati	Smith	
				Printed or typed name of signee
I hero rovis he ob o mei rotific	by accept the appointment as registered agent and a tions of all statutes relative to the proper and complet ligations of my position as registered agent as provid tely reflect a change in the registered office address, and in writing of this change.	gree to act te perform led for in (I hereby co	in this cap ance of my Thapter 605 onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accep 5, F.S. Or, if this document is being filed the limited liability company has been
_	Taylor Newman - Assistant	Secretary		