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 : I2009000081

Phone : (307)200-2803

Fax Number : (855)330-1010

*#Enter the	email	address	for	this	busin	ess	entity	to	be	used	for	future
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Certificate of Status	0
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APR 17 2023

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

	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited lic (Note: MAY BE POST O	• • •
	1304 Mallard Landing Blvd		1304 N	Mallard Landing B	Blvd
	Jacksonville FLORIDA 32259		Jackson	ville FLORIDA 3225	59
	02/14/22		L2100	0508842	
	Date of filing/registration in Florida	4.		Document number	
a)	ZENBUSINESS INC.			_	
	Registered Agent and Registered Office shown on the record	ls of the Flori	da Dept, of Stat	e e	
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRE:	SS)	-	±55 26
	336 E. COLLEGE AVE. SUITE 301	***			23 ≥
	000 21 00 21 20 21 21 21 21 21 21 21 21 21 21 21 21 21			_	
	TALLAHASSEE	FI 3230	01		
	TALLAHASSEE Desintered Agents Inc.	, FL <u>3230</u>	01	-	2029 APR 13 A SECKETARY OF ALL AHASSEE
)	Registered Agents Inc			_	ARY OF ST
1)				-	KI3 AMII: 15 MRY OF STAIF ASSEE ELOSIO
1)	Registered Agents Inc			-	R 13 AM II: 15 FARY OF STAIR ASSEE ELORID
) }	Registered Agents Inc Enter name of NEW Registered Agent and/or NEW Regist			- -	VI3 AMII: 15 VARY OF STAIL ASSEL ELORIO
1)	Registered Agents Inc Enternance of NEW Registered Agent and/or NEW Regist 7901 4th St N			-	(13 AMII: 15 WRY OF STAIL ASSEL FLORID

ROBIN JONES Signature of a member or althorized representative of a member Printed or typed name of 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. Thereby confirm that the limited liability company has been notified in writing of this change.

Solution David Roberts - Assistant Secretary

Signature of Registered Agent