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Division of Corporations

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Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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2022 OL

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LLC REGISTERED AGENT CHANGE EVERMADEGREEN, LLC

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T. LEMIEUX

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OCT 17 2022

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: EVERMA	DEG	REEN	, LLC
	(a)	,	(b		
٠.	(41)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ ```	М	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		7901 4TH ST. N SUITE 6417		7901 4T	TH ST. N SUITE 6417
		ST. PETERSBURG Florida 33702	_	St. Peters	sburg Florida 33702
		12/03/21		L21000)512851
3.		Date of filing/registration in Florida	4.	Ī	Document number
5	(a)	INC AUTHORITY RA			
Э,	(a)	Registered Agent and Registered Office shown on the records of th	ne Florida	Dept. of State:	
		390 NORTH ORANGE AVE., STE 230	0-N		-
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			2622 0
		ORLANDO , FL	32801		2022 OCT I 4 PM
	(b)	Northwest Registered Agent L	LC		P 7
	(0)	Enter name of NEW Registered Agent and/or NEW Registered (Office ad	dress:	000 H
		7901 4th St N).
		NEW Registered Office Address:			
		STE 300			
		St. Petersburg	33702	2	
the ag wa the	e cha gent v as/we e arti	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law ture of a member or authorized representative of a member	the regulative confirmation that the limited l	stered office impany, it is nited liability	hereby confirmed that the change(s) company or as otherwise provided in pany.
_	Printed or typed name of signee				
I pr th to	herei ovisi e obl meri	by accept the appointment as registered agent and agra ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I h Fin writing of this change. Tom Glover - Assistant	for in sereby c	unce of my a Chapter 605, onfirm that t	icity. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is beiny filed he limited liability company has been

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

Signature of Registered Agent