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.

Fmail	Address:			
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DEPARTOR OF THE ST DEPARTOR SECRETARIONS DIVISION OF SECRETARIONS

LLC REGISTERED AGENT CHANGE AMK LLC

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K. Brumbley

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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:					
2.	(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)		
		12/09/2021	_	L210005203	351		
3.		Date of filing/registration in Florida	4.		Document number	ī	
5.	(a)	QWNTM SERVICES, LLC					
	()	Registered Agent and Registered Office shown on the records of t					
	202 NW 135 Way			_			
		Registered Office Address (MUST BE FLORIDA STREET A					
		UNIT 108			_		
(b)	PLANTATION . FL	33325			2		
	(b)	Registered Agents Inc			_	2024 APR 1	ī.
		Enter name of NEW Registered Agent and/or NEW Registered	Office add	iness:		7.7 =	
		7901 4th St N			_	6 PH	
		NEW Registered Office Address:		ယ္			
		STE 300			_	42	
		St. Petersburg , FL	33702				
the ag wa	echa ent v is/we	imited 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 liagre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regis ibility co f the limi limited li	tered office mpany, it i ited liabilit	e and the business o s hereby confirmed y company or as otl	office of the that the ch	registered ange(s)
_	/ Signat	ture of a member of authorized representative of a member			Printed or typed name	of signee	
I I pro the to	nerci ovisi obli mere tifico	by accept the appointment as registered agent and agree 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 had in writing of this change.		in this cap ince of my Thapter 605 onfirm that	* *		ly with the and accept being filed as been
Si		Mid Coeffs David Roberts - Assistant Se	cretary				