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

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LLC REGISTERED AGENT CHANGE THE PAKONESS PATCH 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.

2. (a)	Principal office address of limited liability company:	_ (b)			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		М	ailing address of limited	liability co OFFICE	mpany: B <i>OX</i>)
	7901 4th St N STE 300 7901 4th		7901 4th	St N STE 300		
	St. Petersburg, FL 33702	-	St. Peter:	sburg, FL 33702		
	12/14/2021		L210005	25880		
3.	Date of filing/registration in Florida	4.	l	Document number		
5. (a)	UNITED STATES CORPORATION AGENTS Registered Agent and Registered Office shown on the records of the 476 RIVERSIDE AVE. Registered Office Address (MUST BE FLORIDA STREET AL	e Florida	Dept. of State:			
	JACKSONVILLE , FL. 3	32202			2	
(b)	Registered Agents Inc			: -	023	
	Enter name of NEW Registered Agent and/or NEW Registered O	- 1		· •	2023 HAY -3	2 [2] [2]
	/901 4th St N NEW Registered Office Address:				МЧ	ہے سے ا
	STE 300			·	ڹ	:
					0.1	
	St. Petersburg , FL	33702	<u>.</u>			
the cha agent v was/wa	imited liability company is not organized under the laws inge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	of the ne regis ility co the lim	State of Flor tered office a mpany, it is ited liability	and the business off hereby confirmed th company or as othe	ice of the	registere inge(s)

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, I hereby confirm that the limited liability company has been notified in writing of this change.

Robin Jones

Printed or typed name of signee

David Noverts David Roberts - Assistant Secretary

Signature of a member or authorized representative of a member