Division of Corporations



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Division of Corporations

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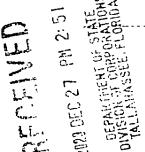
From:

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  $\stackrel{\circ}{\supset}$ annual report mailings. Enter only one email address please.\*\*

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## LLC REGISTERED AGENT CHANGE FREEDOM IS MY WAY, LLC

Certificate of Status	0
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Page Count	02
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12/27/2023 09:39:15 PST , To: 18506176383 Page: 2/2 From: Registered Agents Inc Fax: 8134365206

## 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	ame of the limited liability company:	WAY, LLC	<u> </u>
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)
	12/15/21	_	21000528211
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	MORALES, MIRNA		
(a)	Registered Agent and Registered Office shown on the records of t		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		2.
	4474 Weston Rd. #361		<u> </u>
	Davie FL	33331	
(b)	Registered Agents Inc		
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office addr	<u>ess</u> :
	7901 4th St N		. <del>.</del>
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg, FL	33702	
the cha agent v	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 icles of organization or the operating agreement of the	the regist ibility con f the limit	ered office and the business office of the registered ipany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in ability company.
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
попуш	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I led in writing of this change.		n this capacity. I further agree to comply with the ace of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed afirm that the limited liability company has been
ىكى	Cold Contents David Roberts - Assistant Se	cretary	