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(((H24000402038 3)))



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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 aimual report mailings. Enter only one email address please.**

mail	Address:		\wedge
	Add1033.	_	~

LLC REGISTERED AGENT CHANGE CHERISH WISE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

ursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company ibmits the following statement in order to change its registered office or registered agent, or both, in the State of lorida.

Name of the limited liability company: C	herish Wise LI	LC		
(a)	(b)		
Principal office address of limited liabilit (Note: MUST BE STREET ADDI	y company:	Ma	iling address of limited liability company: Note: MAY BE POST OFFICE BOX)	
7901 4th St N STE 300		7901 4th St N STE 300		
St. Petersburg, FL 33702		St. Peters	burg, FL 33702	
12/23/21		L22000	002205	
Date of filing/registration in Flo	orida 4.	D	ocument number	
(a) Inc Authority RA				
Registered Agent and Registered Office shown or	the records of the Florid	la Dept. of State:		
390 North Orange Ave., Ste.	2300-N		~2	
Registered Office Address (MUST BE FLOR	Registered Ottice Address (MUST BE FLORIDA STREET ADDRESS)			
			2024 DEC	
Orlando	, _{FL} 3280	1-1684		
Northwest Registered	Agent LLC			
Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Office ac	ddress:	: <u>:</u>	
7901 4th St N			. თ	
NEW Registered Office Address:				
STE 300				
St. Petersburg	, _{FL} 3370	2		
the limited liability company is not organized	under the laws of the	e State of Flori	da, it is hereby confirmed that after	
e change or changes are made, the Florida stre ,ent will be identical. Or, in the case of a Flor	et address of the regi	istered office a	nd the business office of the registered	
as/were authorized by an affirmative vote of th	ie members of the lin	nited liability o	company or as otherwise provided in	
e articles of organization or the operating agre		- ·	iny.	
Signature of a member or authorized representative of a		at Smith	rinted or typed name of signee	
hereby accept the appointment as registered a	aent and aaree to ac	rt in this canac	ity. I further garee to comply with the	
ovisions of all statutes relative to the proper of e obligations of my position as registered age merely reflect a change in the registered offic tified in writing of this change.	ind complete perform at as provided for in e address, I hereby c	nance of mŷ du Chapter 605, I confirm that the	ties, and I am Jamiliar with and accept. S. Or, if this document is being filed the limited liability company has been	
	- Assistant Secre	etary		
gnature of Registered Agent				