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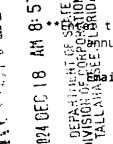
: REGISTERED AGENTS INC. Account Name

Account Number : 120090000081

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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.

L N	ame of the limited liability company.	C	
2. (a)	Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of lunited liability company: (Note: MAY BE POST OFFICE BOX)
3.	12/23/2021 Date of filing/registration in Florida	L22000	0002599 Document number
	INC ALTHODITY DA	•	
5. (a)	Registered Agent and Registered Office shown on the records		
	Registered Office Address (MUST BE FLORIDA STREE	:TADDRESS)	2024 551
	390 NORTH ORANGE AVE., STE 2300-N ORLANDO	FL 32801	FILE IN PROBLEM
(b)	Registered Agents Inc Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office address:	DEC 18 PM 4: 05 CARASSEE FLORID
	7901 4th St N		600
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg	33702 F1.	
the cha agent v was/w the art	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member igles of organization or the operating agreement of the florida member of authorized representative of a member by accept the appointment as registered agent and of the property of the appointment as registered agent and of the property of a member	of the registered Hiability compar is of the limited I he limited liabili Robin Jone	office and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in ty company. By Printed or typed name of signer
provis. the ob- to mer	ions of all statutes relative to the proper and comple ligations of my position as registered agent as provi ely reflect a change in the registered office address, d in writing of this change,	ete performance e ded för in Chapte	of my duties, and Lam familiar with and accept or 605, F.SOr, if this document is being filed
	are of Registered Agent	Cocordiary	