

Division of Corporations Fax Number : (850)617-6383 From: Account Name : REGISTERED AGENTS INC. Account Number : I2009000081 : (307)200-2803 Phone Fax Number : (855)330-1010 **Enter the email address for this business entity to be used for futures annual report mailings. Enter only one email address please.** NOV -3 | HH 11: 37 Email Address: FILED rt onto LLC REGISTERED AGENT CHANGE ANGALI GROUP LLC 0 Certificate of Status Certified Copy 0 01 Page Count Estimated Charge \$25.00

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2022 Nov - 3 For 4:

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. Name of the limited liability company:	Angali Group Ll	LC
2. (a)	(b)	
Principal office address of limited liat (Note: MUST BE STREET AI	oility company:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
7901 4th St N STE 300	7	901 4th St N STE 300
St. Petersburg FL 33702		St. Petersburg FL 33702
01/03/2022	L	22000008807
3. Date of filing/registration in	Florida 4,	Document number
5. (a) GARCIA, ANGELO R		
Registered Agent and Registered Office show	n on the records of the Florida De	ept. of State:
6506 CAMDEN BAY DRIV	Έ	
Registered Office Address (MUST BE FI	ORIDA STREET ADDRESS)	
201		2022 •••
ТАМРА	, _{FL} 33635	2022 NOA
(b) Registered Agents In Enter name of <u>NEW Registered Agent</u> and/o 7901 4th St N <u>NEW Registered Office Address:</u>		
STE 300		
St. Petersburg		
the change or changes are made, the Florida	street address of the registe Florida limited liability com of the members of the limite agreement of the limited liab	tate of Florida, it is hereby confirmed that after ared office and the business office of the registered pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in bility company. / Park
Signature of a member or authorized representative		Printed or typed name of signee
provisions of all statutes relative to the prop the obligations of my position as registered to merely reflect a change in the registered notified in writing of this change.	er and complete performan	n this capacity. I further agree to comply with the see of my duties, and I am familiar with and accep apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been wy
Signature of Registered Agent	- Assistant Sevieta	" y

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00

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