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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

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE MAKE A JOYFUL NOISE, LLC

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APR 25 2023 ∴ Brumbley

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. N	ame of the limited liability company: MAKE A JO	YFUL N	OISE, LL	_C		
2. (a)		(1	וו			
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		·/	Mailing address of limit (Note: MAY BE PO:	ed liability cor ST OFFICE E	npany: BOX)
	7901 4th St N STE 300		PO Box	κ 76		
	St. Petersburg, FL 33702		Hanna.	IN 46340		
	01/05/2022		L22000	012580		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a) TROXEL, TIMOTHY C			_		
	Registered Agent and Registered Office shown on the records of	f the Florid	a Dept. of St	ate:		
	16175 GOLF CLUB RD APT 201					
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES!	<u>5)</u>			
	WESTON , F	ı. <u>3332</u> 6	5			
(b)	Northwest Registered Agent LLC				20%	
(0)	Enter name of NEW Registered Agent and/or NEW Registered O		dress:	_	2023 APR 24	
					. ž	11. ~
	7901 4th St N NEW Registered Office Address:					
					PH	نبي —، ،—،
	STE 300			_	- ?: 3	
	St. Petersburg F	_L 33702			Õ	
the chagent was/w the ar /1/Sign I heroprovise the obtome.	limited liability company is not organized under the latange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited leaver authorized by an affirmative vote of the members ticles of organization or the operating agreement of the latter of a member or authorized representative of a member and agricultus of all statutes relative to the proper and complete organizations of my position as registered agent as provide refrect a change in the registered office address, I add in writing of this change.	f the regional the final t	stered offi ompany, it nited liabil liability co : Smith	ce and the business of is hereby confirmed ity company or as othoropany. Printed or typed name pacity. I further gard	office of the that the chanerwise provotes of signer	registered nge(s) cided in

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

Taylor Newman - Assistant Secretary

Xignature of Registered Agent