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From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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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.

. (14)	nne of the limited liability company.			
(a)		(b)		
	Principal office address of limited habitity company: (Note: MUST BE STREET ADDRESS)		Marling address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	02/04/22		200.42005	
	02/04/22	— <u>.</u>	00043985	
	Date of filing/registration in Florida	4,	Document number	
(a)	(a) WENZEL, CRAIG			
	Registered Agent and Registered Office shown on the records of			
	1111 LINCOLN RD STE 500			
	Registered Office Address <u>(MUST BE FLORIDA STREET</u>	ADDRESS)	· -	
	MIAMI BEACH	33139	्र <u>व</u>	
(b)	Northwest Registered Agent LLC			
, - ,	Enter name of NEW Registered Agent and or NEW Registered	t Office address:		
			<u> </u>	
	7901 4th St N		ربي ۔	
	NEW Registered Office Address;		്വ ന	
	STE 300			
	St. Petersburg	33702		
cha	imited liability company is not organized under the la inge or changes are made, the Florida street address o	ws of the State f the registered	of Florida, it is hereby confirmed that after office and the business office of the register	
s/we arti	will be identical. Or, in the case of a Florida limited learn authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the limited li Llimited liabilit	iability company or as otherwise provided in	
/ V	ture of a member or authorized representative of a member	Nat Smith		
,	ture of a member of authorized representative of a member		Printed or typed name of signee	
lierel ovisi obli mere	by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I Fin syriting of this change.	ree to act in thi performance of d for in Chapte hereby confirm	is capocity. I further agree to comply with the of my ditties, and I am familiar with and accepter 605, F.S. Or, if this document is being filed with the limited liability company has been	