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- 	Division of Corporations Far Number : (850)617-6383			cover sheet. 202 JAN 1					
: по	Account Name : REGISTERED AGENTS Account Number : 120098888881 Phone : (307)200-2803 Fak Number : (855)330-1010	ENC.		PROFESSION AMILE 27					
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		Email Adcress:		A. LUNT					
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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

Floria	ane of the limited liability	Jeography: Sunshine	e casa L	.LC				
	anic of the manied hability	company:			-			
2. (d)	Principal office addres	s of limited liability company. BE STREET ADDRESS)	(b)	•	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	02/07/22		 L2	2000064	579			
3.	Date of filing/re	gistration in Florida	4,		ent number			
5. (a)		CORPORATION A ed Office shown on the records of AN BLVD 36						
		MUST BE FLORIDA STREET	ADDRESS)					
	ORLANDO	32822	<u> </u>					
(b)	Registered Ag	ents Inc				2022	<u>*.</u>	
	7901 4th St N	d Agent and/or NEW Registered	Office address:			2022 JAN 1 1		
	NEW Registered Office AddreSTE 300	<u> </u>				AH II: 2	: 설명() - 일() - 11 () - 11 ()	
	St. Petersburg) , FL	33702			7	-	
the cha agent v was/we	inge or changes are made, vill be identical. Or, in the ere authorized by an affirm	not organized under the law the Florida street address of case of a Florida limited lia ative vote of the members of operating agreement of the	the registered ibility compar I the limited I	office and the ny, it is hereby (iability compar	business office confirmed that	of the reg the chang	gistered c(s)	
	-bier Juney		Robin	Jones				
Signat	ure of a member or authorized r	epresentative of a member		Printed or	typed name of sig	nee		

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

David Roberts - Assistant Secretary

Signature of Registered Agent