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To:	Division of Corporations	2022 OC SECRE) TALL
	Fax Number : (850)617-6383	HAR T
From:		<b>6 P)</b> Y OF VSSE
	Account Name : REGISTERED AGENTS INC.	FE.
	Account Number : I2009000081	
	Phone : (307)200-2803	2: 35 TATE F <sub>L</sub>
	Fax Number : (855)330-1010	m <b>3</b>

annual report mailings. Enter only one email address please.\*\*

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## LLC REGISTERED AGENT CHANGE LAUREN R ELLIS LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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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.

Nai	ne of the limited liability company: Lauren	-		C	
(a) <sub>-</sub>	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(b)		
	03/11/22		L22	2000125336	
	Date of filing/registration in Florida	4.		Document number	
(a)	JP BUSINESS CONSULTANTS LL	С			
(a)	Registered Agent and Registered Office shown on the record-		ida Dept. ı	of State:	
	4818 W GANDY BLVD				
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRE	<u>(SS)</u>		
	TAMPA	FL 336	11	2022 SEC.	
(b)	Registered Agents Inc			2022 OCT -6 SECRETARY TALLAHAS	
(2)	Enter name of NEW Registered Agent and/or NEW Register	ered Office	<u>address</u> :	755 6 F	
	7901 4th St N			C PH 2:3	
	NEW Registered Office Address:			P: 39	
	STE 300				
	St. Petersburg	, <sub>FL</sub> 337	02		
ne cha gent v vas/w he art	imited liability company is not organized under the unge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limite creathorized by an affirmative vote of the membericles of organization or the operating agreement of the companion of the operating agreement of the operating agreement of the operating agreement of the operating a	is of the read liability ers of the limite	compar limited l ed liabili	ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.  Park  Printed or typed name of signee	
rovis he obi o mer	by accept the appointment as registered agent and ions of all statutes relative to the proper and comp ligations of my position as registered agent as pro ely reflect a change in the registered office addres d'in writing of this change.	l agree to lete perfo vided for s, I hereb	act in th rmance in Chapt y confir	is capacity. I further agree to comply with the of my duties, and I am familiar with and accenter 605, F.S. Or, if this document is being file methat the limited liability company has been	

- Assistant Secretary

Bill Havre

Signature of Registered Agent