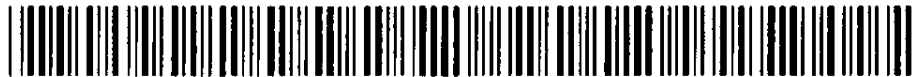


Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**L22000139549**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 1200900000081

Phone : (307)200-2803

Fax Number : (813)436-5206

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LLC REGISTERED AGENT CHANGE  
OKAVAGE MANAGEMENT LLC

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K. SALY  
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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.

1. Name of the limited liability company, OKAVAGE MANAGEMENT LLC

2. (a) Principal office address of limited liability company.  
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)

3. 03/21/22 Date of filing/registration in Florida

4. L22000139549 Document number

5. (a) UNITED STATES CORPORATION AGENTS, INC.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
476 RIVERSIDE AVE.  
JACKSONVILLE, FL 32202

(b) Northwest Registered Agent LLC  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
7901 4th St N  
NEW Registered Office Address:  
STE 300  
St. Petersburg, FL 33702

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Nat Smith  
Signature of a member or authorized representative of a member

Nat Smith

Printed or typed name of signer

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.

Taylor Newman - Assistant Secretary  
Signature of Registered Agent

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA