2/23/24, 1:34 PM

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

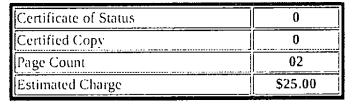
Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

Emnil	Address:			
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LLC REGISTERED AGENT CHANGE FORDFOX LLC



K. SALY FEB 2 6 2024

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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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

(a)	(b)								
	Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)						
									
	03/28/22		000149439						
	Date of filing/registration in Florida	4.	Document number						
(b)	UNITED STATES CORPORATION AGENTS, INC.								
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State								
	476 RIVERSIDE AVE.								
	Registered Office Address (MUST BE F LORIDA STREE								
	JACKSONVILLE	FL_32202	PILED 23 PM 3: 06 MALLAHASSES FLORIDA TALLAHASSES FLORIDA						
	Registered Agents Inc		3 PR						
	Enter name of NEW Registered Agent and/or NEW Register	ed Office address:	: E						
	7901 4th St N		PM 3: 06						
	NEW Registered Office Address:		 						
	STE 300		,, 						

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

Reliniterior	Robin Jones
Signature of a member or authorized representative of a member	Printed or typed name of signee

Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all standes 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. Thereby confirm that the limited liability company has been notified in spriting of this change.

David Roberts - Assistant Secretary

Signature of Registered Agent