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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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## LLC REGISTERED AGENT CHANGE WHITE KAZBAH LLC

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTÉRED 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

Flor		White Ka	zba	hIIC	_			
1.	Na	me of the limited liability company:						
2. (	a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(b)	Mailing address of (Note: MAY B			
		7901 4th St N STE 300		7901	1 4th St N ST	E 300	)	
		St. Petersburg FL	<del></del>	St. Pe	etersburg FL 3	3702		
		04/27/22		L220	00020146	9		
3.		Date of filing/registration in Florida	4.		Document nu	ımber		
5. (	(a)	SOLLAZZO, JACK C						
., ,	( )	Registered Agent and Registered Office shown on the records of	the Flori	ida Dept, of	State:			
		8109 HOBBES WAY						
		Registered Office Address (MUST BE FLORIDA STREET)	ADDRE.	<u>SS)</u>				
		PALM BEACH GARDENS .FI	3342	18		.7	20	
(b)		Northwest Registered Agent I	LC				0 I NOF 2202	2
,-,	•	Enter name of NEW Registered Agent and/or NEW Registered	Office :	address:		•	=	T > 70
		7901 4th St N				. <del>-</del> 	) PH	140NF
		NEW Registered Office Address:				· .	÷.	C
		STE 300			·	•	32	
		St. Petersburg	3370	)2	<del></del>			
the agei	cha nt v /we	mited liability company is not organized under the lange or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited here authorized by an affirmative vote of the members of the organization or the operating agreement of the	f the re ability of the l	gistered o company. imited lial	office and the busing it is hereby confi bility company or	ness offi irmed th	ice of t at the	the registere change(s)

Morgan John	Morgan Noble				
Signature of a member or authorized representative of a member	Printed or typed name of signee				

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 marified in writing of this change.

Tom Glover - Assistant Secretary

Signature of Registered Agent

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