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PICK ONE:	
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Notes:	

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.

		(b))		
	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		Mailing address of limited liability comp	Mailing address of limited liability company: (Note: MAX BE POST OFFICE BOX)	
	8109 HOBBES WAY		8109 HOBBES WAY		
	PALM BEACH GARDENS, FL 33418 04/27/2022		PALM BEACH GARDENS, FL 33418		
(a)					
\/	Registered Agent and Registered Office shown on the records of	of the Florida E	Dept. of State:		
	SOLLAZZO, JACK C				
	Registered Office Address (MUST BE FLORIDA STREE)	TADDRESS)	2022		
	8109 HOBBES WAY				
	PALM BEACH GARDENS	1.33418	. 22		
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office addr	ten mit	-	
	UNIVERSAL REGISTERED AGENTS, INC.				
	NEW Registered Office Address:				
	NEW Registered Office Address: 1317 CALIFORNIA STREET				

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.

Signature of a member or authorized representative of a member

Jack C. Sollazzo

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 margely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

arah Moore Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00