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(Ad	dress)	· · · · · · · · · · · · · · · · · · ·
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CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

11/02/2022

D	ate:	11/02/2022	a: DW
		Acc#I20160000072	4: () = V
Name:	MYSAFERC	OUTE LLC	
Document #:			
Order #:	14616645		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of Apostille/Notarial Certification:		Country of Destination: Number of Certs:	
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Certified: Plain: COGS: Amount: \$		

Thank you!

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.

(a)	(b)							
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)					
	801 South Edison Avenue		801 South Edison Avenue					
	Tampa, Florida 33606		Tampa, Florida	33606				
	05/02/2022		L22000205406					
	Date of filing/registration in Florida	4.	Doc	ument numb	er			
(a)								
` '	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of State:					
	United States Corporation Agents, Inc.							
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u></u>					
	5575 S. Semoran Blvd., Suite 36				,	202		
	Orlando, FI	32822			- 5.) - 15. - 47.	2 KOV	777 1	
(I-)						2		
(b)	Enter name of NEW Registered Agent and/or NEW Registered	l Office a	ddress;	(.	957 975 875			
	CT Corporation System			<u>-</u>		9: 03	*******	
	NEW Registered Office Address:				: *1	w		
	1200 South Pine Island Road #250							
	Plantation	33324						
ange ent w is/we artic	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited library authorized by an affirmative vote of the members of cles of organization or the operating agreement of the SIE Pol	registe ability c of the li- limited	ed office and the ompany, it is here nited liability cor	business of by confirme npany or as	fice of t	the reg the ch	gistered lange(s	

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.

Signature of Registered Agent

Signature: Reese Por (Nov 1, 70)

Email: rep3kzb@virginia.edu

Title: President