Florida Department of Stare

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To:

Division of Corporations

Tc: 18506176383

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.

ω Email Address:_____

LLC REGISTERED AGENT CHANGE DOS SANTOS ATELIER, LLC

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CEC 20 2023 K. Brumblay



12/19/2023 10,26,03 PST To: 18506176383 Page: 2/2 From: Registered Agents Inc Fex: 8134365206

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.

| I. Na | nme of the limited liability company: Dos Santos Ateli | ier, LLC | |
|-------------------------------|--|---|---|
| 2. (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) |
| | | | |
| | 06/09/22 | L220 | 00206933 |
| 3. | Date of filing/registration in Florida | 4. | Document number |
| 5. (a) | TABARES, OSCAR A | | |
| ,, | Registered Agent and Registered Office shown on the records of | f the Florida Depi | . of State: |
| | 13789 SW 66TH ST | | |
| | Registered Office Address (MUST BE FLORIDA STREET | "ADDRESS) | |
| | APT F277 | | |
| | MIAMI | L 33183 | |
| (b) | Northwest Registered Agent LLC Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | d Office address | 2023 DEC 19 |
| | 7901 4th St N | | |
| | NEW Registered Office Address: | | 9 중심성 |
| | STE 300 | | |
| | St. Petersburg | 33702 | 7: 53 |
| the cha agent v was/we | imited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the | of the registere liability compa of the limited e limited liabil | d office and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company. |
| ei | ture of a member or authorized representative of a member | Nat Smith | Printed or typed name of signee |
| | · | maa to act in t | , |
| provisi the obl to mere | hy accept the appointment as registered agent and agions of all statules relative to the proper and complet ligations of my position as registered agent as providely reflect a change in the registered office address, and in writing of this change. | gree in act in a e performance led for in Chap I hereby confir | ns capacity. I have agree to comply with the of of my duties, and I am familiar with and accepted of 605, F.S. Or, if this document is being filed in that the limited liability company has been |

- Assistant Secretary

Taylor Newman

Signature of Registered Agent