Florida Department of State Description of Corporations Electronic Filing Cover Sheet

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MAY 3 0 2024

K. Brumbley

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)	1171 Lane Avenue S Apt 313		(b)	1171 Lane	Avenue S Apt 313
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(-)	1	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Jacksonville, FL 32205		•	Jacksonvill	le, FL 32205
	05/09/2022		L	220002186	510
. (a)	Date of filing/registration in Florida LEGALINC CORPORATE SERVICES INC.	4.			Document number
(b)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 476 Riverside Ave. Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			- e: -	
	Jacksonville, F.	 L	2		2024 11; 7
	Enter name of NEW Registered Agent and/or NEW Registere 801 US Highway 1	d Offic	e addı	<u>(css</u> :	29 "
	NEW Registered Office Address:				ا : دن ا: دن
	North Palm Beach	3340 L	8	·	_
hange gent v vas/we	imited liability company is not organized under the la or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e regis ability of the	tered con limit	office and open, it is ed liability	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
	Kristen Espinales	_1	Kriste	n Espinale	s, Attorney-in-Fact
l herei	ture of a member or authorized representative of a member by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ty reflect a change in the registered office address, I	ree to perfo	act ii rman	n this cape	Printed or typed name of signee acity. I further agree to comply with the duties, and I am familiar with and accept