## Florida Department o

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To:

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

\*\*Egter the email address for this business entity to be used for future 恶急nnual report mailings. Enter only one email address please.\*\*

_,	•	Address	

## LLC REGISTERED AGENT CHANGE **EWPLLC**

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## 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)			ы	<i></i> _			
Principal office address of li (Note: MUST BE ST)	Mailing address of limited liability company: UNate: MAY BE POST OFFICE BOX)						
· · · · · · · · · · · · · · · · · · ·	7901 4th St N STE 300			7901 4th St N STE 300			
St. Petersburg FL 33	St. Petersburg FL 33702						
				0000107			
05/23/22		L22000222127					
Date of filing/registra	tion in Florida	4.		Document number	r		
(a) MMD MANAGEMENT (	CO., LLC.						
Registered Agent and Registered Off							
Registered Office Address (MI/S	T BE FLORIDA STREET	`ADDRE!	<u></u> (S)				
836 N HIGHLAND AVE							
ORLANDO	r. <u>328</u>	03					
Registered Agen	ts Inc				2023 APR 27		
Enter name of NEW Registered Age	d Office a	ddress:		APR			
7901 4th St N	7901 4th St N					= }_ = }_	
NEW Registered Office Address				<b>P</b>			
STE 300					<del></del>		
St. Petersburg	1;	<u>33</u> 70	2		ŵ		
ne limited liability company is not				rida it is barabu az	anticonad that	ation	
change or changes are made, the F nt will be identical. Or, in the case	Torida street address c 2 of a Florida limited l	of the reg iability o	istered office company, it is	and the business chereby confirmed	office of the reg that the chang	giste je(s)	
Awere authorized by an affirmative articles of organization or the oper	rating agreement of th	or the b e limited	nited hability Tiability com	rcompany or as off pany.	nerwise provid	.cd 1	
Estimate many			-	ROBIN JONE	- c		

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.

David Roberts - Assistant Secretary

Printed or typed name of signee

Signature of Registered Agent

Signature of a member or authorized representative of a member