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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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## LLC REGISTERED AGENT CHANGE SF ESTIMATING LLC

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M. SOLOMON

JUN - 4 2024

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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.

2. (a)	2031 SE 14th Ct	(b)	2031 SE 14th Ct	
- (-)	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liabilit (Note: MAY BE POST OFFI	
	Homestead, FL 33035		Homestead, FL 33035	
	05/19/2022	L	.22000234616	
3.	Date of filing/registration in Florida	4.	Document number	
5 (a)	LEGALINC CORPORATE SERVICES INC.			
5. (a)	Registered Agent and Registered Office shown on the records	of the Florida	Dept. of State:	
	476 Riverside Ave.			202) ****
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			1024 JUN -4 PH
	Jacksonville	FL_32202		UN-4 PH 3
(b)	Corporate Creations Network Inc.			가 다. 가 다.
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office add	<u>(655</u> :	
	801 US Highway I			
	NEW Registered Office Address:			
	North Palm Beach	FL_ <sup>33408</sup>		
chang agent was/w	limited liability company is not organized under the e or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited there authorized by an affirmative vote of the member icles of organization or the operating agreement of the street in the control of the con	he registered liability con s of the limit	I office and the business office of the npany, it is hereby confirmed that the ted liability company or as otherwise	registered change(s)
	Kristen Espinales	Kriste	en Espinales, Attorney-in-Fact	
Signa	ature of a member or authorized representative of a member		Printed or typed name of signee	
provis the ob to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as providules als reflect a change in the registered office address, als in writing of this change.	igree to act i te performai ded for in Cl I hereby cor	n this capacity. I further agree to con nce of my duties, and I am Jamiliar wi napter 605, F.S. Or, if this document firm that the limited liability compan	nply with the th and accept is being filed y has been

Kristen Espinales, Special Secretary

Kristen Espinales

Signature of Registered Agent