## Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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- '1	Addrass:			
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## LLC REGISTERED AGENT CHANGE THE PARKER'S BRAND, LLC

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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.

1. N	Tame of the limited liability company: THE PARKE	R'S BRAI	ND, LLC		
2. (a)		(b)			
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limit	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	06/08/2022	<u>L:</u>	22000263165		
3.	Date of filing/registration in Florida	4.	Document number	,	
5. (a	) INC AUTHORITY RA				
. (.,	Registered Agent and Registered Office shown on the records of	Pept. of State:			
	390 NORTH ORANGE AVE., STE 2300-N				
	Registered Office Address (MUST BE FLORIDA STREET				
	ORLANDO, FI	. 32801			
(b	Registered Agents Inc			202	
(D	Enter name of NEW Registered Agent and/or NEW Registered	<u>ess</u> :	2023 JUH -6		
	7901 4th St N			<u>م</u> - آـــــــــــــــــــــــــــــــــــ	
	NEW Registered Office Address:		P A S		
	STE 300	·····			
				26	
	St. Petersburg , FI	L <u>33702</u>			
the chagent was/v the ar Sign I her provinthe old to me	limited liability company is not organized under the la lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the address of organization or the operating agreement of the address of a member or authorized representative of a member eby accept the appointment as registered agent and ages in some of all statutes relative to the proper and complete organizations of my position as registered agent as provide rely reflect a change in the registered office address, I get in writing of this change.	f the registe iability com of the limite limited liab Robin	ered office and the business of apany, it is hereby confirmed ed liability company or as other bility company.  In Jones  Printed or typed name on this connective. I further name	office of the registered that the change(s) herwise provided in of signee	

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 FILING FEE: \$25.00

David Comercia David Roberts - Assistant Secretary Signature of Registered Agent