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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 : (813)436-5206

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## LLC REGISTERED AGENT CHANGE MY\_EXPRESSION222CLD LLC

Certificate of Status	0
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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?

(a)		(t	o)			
	Principal office address of limited trability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limit (Note: MAY BE PO.		
		_				
	06/10/2022		L22000269	5925		
	Date of filing/registration in Florida	4.		Document number		
(a)	LEGALINC CORPORATE SERVICES INC.					
(4)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of Stat	e:		
	476 RIVERSIDE AVE.					
	Registered Office Address (MUST BE FLORIDA STREET.	1DDRESS	<u> </u>	_	JAI SE	3
	JACKSONVILLE	32202		_	ASSETARY AUTHORITION TO A THE AUTHORITION TO A THE	
	, FL	,		-	338 4	<b></b>
b)	REGISTERED AGENTS INC				- E S	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad-	dress:	_	UN-4 PM 3:37 ETARY OF STATE HASSEELFLORIE	
	7901 4TH ST N				37 07	
	NEW Registered Office Address:			_		
	STE 300			_		
	ST. PETERSBURG , FL	33702				
- 1		C.1	C	-	5 1.1 ·	6 .1
nge	mited liability company is not organized under the lay or changes are made, the Florida street address of the	registere	d office an	d the business office	e of the registe	ered
	vill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of					
arti	cles of organization or the operating agreement of the	limited I	iability con	pany.	rerorme provid	.ca 111
	ure of a member or authorized representative of a member	Rob	in Jones			
	ure of a member or authorized representative of a member			Printed or typed name		
gnal						ith the
rel visio obli ere	ov accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I k I in writing of this change.	ee to act performa I for in C vereby co	in this cape ince of my o hapter 605 infirm that	acity. I further agreduties, and I am fam Julies, and I am fam J. F.S. Or, if this do the limited liability (	re to comply williar with and cument is bein company has l	l accep. 1g filed heen