**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:	Division of Corporations Fax Number : (850)617-6383		
From:	Account Name : REGISTERED AGENTS Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010	INC.	
**Enter	the email address for this business on the thick that the second that the thick t	entity to be used email address ple	for future ase.**
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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

(a) <sub>-</sub>	(b)				
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	<u> </u>	•	nited liability company: OST OFFICE BOX)	
	06/17/2022	 <u>L</u>	22000277738		
	Date of filing/registration in Florida	4,	Document numb	ет	
a)	FLORIDA REGISTERED AGENT LLC	·			
ea /	Registered Agent and Registered Office shown on the records of	he Florida E	ept, of State.		
	7901 4th St N				
	Registered Office Address (MUST BE FLORIDA STREET /				
	STE 300				
	OT DETERORUSC				
	ST. PETERSBURG	33702			
<b>)</b>	Registered Agents Inc.	33702		<b>a</b>	
<b>)</b> )				<b>0</b> 9 <sub>\$\frac{1}{2}\cdot\cdot\cdot\cdot\cdot\cdot\cdot\cdot</sub>	
<b>)</b>	Registered Agents Inc.		SSS:	2022 JU	
")	Registered Agents Inc.  Enter name of NEW Registered Agent and/or NEW Registered		<u></u>	2022 JUN 2	
")	Registered Agents Inc.  Enter name of NEW Registered Agent and/or NEW Registered  7901 4th St N		<u></u>	FILE 2022 JUN 20 1	
")	Registered Agents Inc.  Enter name of NEW Registered Agent and/or NEW Registered  7901 4th St N  NEW Registered Office Address:			PH 5:	
e li t w	Registered Agents Inc.  Enter name of NEW Registered Agent and/or NEW Registered  7901 4th St N  NEW Registered Office Address:  STE 300	Office address of the Stability confidering the limit	rate of Florida, it is hereby red office and the busines pany, it is hereby confirmed liability company or as	confirmed that after s office of the registe ed that the change(s)	

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.

Signature of Registered Agent

Bill Havre

- Assistant Secretary