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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (813)436-5206

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K. SALY

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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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	nme of the limited liability company:	Properties LLC		
2. (a)			(b)	
- , .	Principal office address of limited liability of (Note: MUST BE STREET ADDRES)	empany:		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	06/24/22		L220002863	330
3.	Date of filing/registration in Floric	ia 4.		Document number
5. (a)	AIKEN, DIONNE			
(111	Registered Agent and Registered Office shown on th			lane.
	Registered Office Address (MUST BE FLORID.	A STREET ADDRE	<u>5'5)</u>	PR 1
	3208 EAST COLONIAL DRIVE C165			PR-2 P
	ORLANDO	. FL_32803		SERVE
(b)	Northwest Registered Agent LLC			FILEL 2024 APR -2 PM 12: 59 TALLAHASSELITLOSSIO
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	Registered Office	address:	<u> </u>
	7901 4th St N			
	NEW Registered Office Address:	.,		
	STE 300			-
	St. Petersburg	, FL		_
he cha agent v was/we he arti	imited liability company is not organized uninge or changes are made, the Florida street will be identical. Or, in the case of a Florida ere authorized by an affirmative vote of the coles of organization or the operating agreen	address of the re limited liability members of the l nent of the limite	gistered offic company, it i imited liabilit	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in
·	ture of a member or authorized representative of a med	uper		Printed or typed name of signee
provisi he obl o mere	by accept the appointment as registered age ons of all statules relative to the proper and igations of my position as registered agent of the reflect a change in the registered office of I in writing of this change.	complete perfor us provided for in uddress, I hereby	mance of my i Chapter 60, confirm that	acity. I fiwther agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
<u> </u>	Taylor Newman . ,	Assistant Secretary ———	′	