Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Fax Number : (813)436-5206

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY $\frac{1}{2}$ $\frac{1}{2}$

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	ame of the limited liability company:	CH LLC		
2. (a)		(b))	ailing address of limited liability company:
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	···	M	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	06/27/2022	_	 L2200028796	8
3.	Date of filing/registration in Florida	4.	Į	Document number
5. (a)	LEGALINC CORPORATE SERVICES INC.			
(b)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 476 RIVERSIDE AVE. Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	JACKSONVILLE , FL	32202		ा । इ.स. है
				A.P.
	Enter name of NEW Registered Agent and/or NEW Registered	Office add	lress:	
	7901 4th St N			
	NEW Registered Office Address:	_		25. 7
	STE 300			
	St. Petersburg	33702		
he chagent was/w he art	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagree authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regis bility co f the limi	tered office mpany, it is ited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.
Sign	nure 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 agre ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	ee to act performa I for in C pereby co	in this capa Ince of my d hapter 605, Infirm that th	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
	David Coerts David Roberts - Assistant Se	cretary		
Signati	ire of Registered Agent			