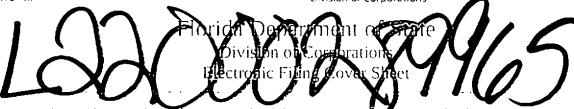
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Division of Corporations



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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

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

Porter the email address for this business entity to be used for future 😾 annual report mailings. Enter only one email address please. ** සු ළිmail Address:

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8/30/2023 09 19 04 PDT

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. No	une of the limited liability company: White	Orchid Attairs LEC	
2 (1)		Oss	
2. (4)	Principal office address of limited liability e (Note: MUST BE STREET ADDRE	ompany:	Maring address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	06/27/22	LZ	22000289965
3.	Date of filing/registration in Flori-	da 4 ,	Document number
5. (a)	ZENBUSINESS INC.		
(,,,	Registered Agent and Registered Office shown on the		
	336 E. COLLEGE AVE.		
	Registered Office Address (MUST BE FLORID	A STREET ADDRESS)	-
	SUITE 301		~
	TALLAHASSEE	32301	., 28
	TALLAHASSEE	, F1,	
(l)	Registered Agents Inc		÷
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Office addre	ess:
	7901 4th St N		.≫ > (′;
	NEW Registered Office Address:		7: 1
	STE 300		1-2
	St. Petersburg	. FL 33702	
the cha agent v was/we the arti	inge or changes are made, the Florida street will be identical. Or, in the case of a Florida are authorized by an affirmative vote of the feles of organization or the operating agreen	address of the registe a limited liability com members of the limite nent of the limited lial	
Signa	\sqrt{s} is a figure \sqrt{s} tore of a methorized representative of a me		Printed or typed name of signee
I here, provisi the obl to mere notified	by accept the appointment as registered age in of all statutes relative to the proper and ligations of my position as registered agent ely reflect a change in the registered office of in writing of this change.	ent and agree to act in	n this capacity. I further agree to comply with the acc of my duties, and I am Iamiliar with and accep- apter 605, F.S. Or, if this document is being filed atirm that the limited liability company has been

Signature of Registered Agent