

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.

(((H24000241656 3)))



H240002416563ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Emai | 1 | Addr | e | 8 | 8 | : |
|------|---|------|---|---|---|---|
|------|---|------|---|---|---|---|

LLC REGISTERED AGENT CHANGE LCO VENTURES LLC

PEAN IN UT AH 10: 03
WESAN IN CORPORATIONS
WESAN IN CORPORATIONS

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$25.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

JUL 18 2024

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.

| | me of the limited liability company: 5533 Coastal Lane N | | , 5533 Co | oastal Lane N |
|--------------------------|---|-----------------------------------|---|---|
| (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (| b) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | Jacksonville, FL 32258 | _ | Jackson | ville. FL 32258 |
| | 07/11/2022 | | L2200030 | 98308 |
| (a) | Date of filing/registration in Florida LEGALING CORPORATE SERVICES INC. | 4. | | Document number |
| (μ) | Registered Agent and Registered Office shown on the records of t 476 Riverside Ave. | he Florio | la Dept, of S | State: |
| | Registered Office Address (MUST BE FLORIDA STREET A | DDRES | <u>(S)</u> | |
| | Jacksonville, FL | 32202 | | 7024 J |
| (0) | Corporate Creations Network Inc. | | | Tike Jul 17 |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 801 US Highway 1 | Office a | <u>aaress</u> : | TILL IT AM 3: 47 ALLAHASSET FLORIO |
| | NEW Registered Office Address: | , | | <u> </u> |
| | North Palm Beach, FL | 33408 | | |
| iange jent w as/we | mited liability company is not organized under the law or changes are made, the Florida street address of the zill be identical. Or, in the case of a Florida limited lia- are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l | register bility c f the lir | ed office : ompany, i nited liabi | and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in |
| | Kristen Espinales Kriste | | | ales, Attorney-in-Fact |
| • | ure of a member or authorized representative of a member | | | Printed or typed name of signee |
| ovisie e obli mere | oy accept the appointment as registered agent and agro ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. I h I'in writing of this change. | rerforn | iance of m | iv duties, and Lam familiar with and accep |

Signature of Registered Agent