Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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LLC REGISTERED AGENT CHANGE FOUR PEAKS LLC

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AUG 2 3 2022

K. Brumbler

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. Na	ame of the limited liability company: FOUR PE	EAKS	S LLC				
2. (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)			
3.	07/18/22 Date of filing/registration in Florida	- - 4.	 L220(00319226			
5. (a)	TASA, MEIR, MR.						
	Registered Agent and Registered Office shown on the records of the	he Florida	Dept. of Sta	ate:			
	7901 4th St N STE 300			_			
	Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRESS</u>	Ū				
	St. Petersburg . FL.	33702	2	_			
(b)	Northwest Registered Agent L	LC			FALC ALC MACO	2022 AUG	
(.,)	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:	_	音	90	A
	7901 4th St N				SSEC.	22	PRON AND
	NEW Registered Office Address:			_	FE ST	PX) אניט
	STE 300			_	養富	2:49	
	St. Petersburg, FL.	33702	2		-	•	
the cha agent v was/wa	imited liability company is not organized under the law ange or changes are made, the Florida street address of a will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the regis bility co f the lim	stered offic ompany, it lited liabili	ce and the busin is hereby confir ity company or a	ess office (med that t	of the he cha	registered nge(s)
	ture of a member or authorized representative of a member	Mo	rgan No				
				Printed or typed			2.7 .1
provisi the obl to mer	by accept the appointment as registered agent and agra- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h In writing of this change. Tom Glover - Assistant	perform l for in (ereby co	ance of my Chapter 6U Onfirm tha	pacity. I further y duties, and I ar)5. F.S. Or, if th I the limited liak	r agree to on familiar is docume will be composited to the composite composite to the com	compl with i nt is b any h	v with the ind accept eing filed as been

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Signature of Registered Agent