Florida Department of State

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LLC REGISTERED AGENT CHANGE WE LIKE 2 PARTY RENTALS LLC

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

I. Na	ame of the limited liability company: We like 2 party ren	tals L	LC		
2. (a)	7512 WILLOW WISP DR E		(b)	7512 WIL	LLOW WISP DR E
<u>.</u> . (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	-	(-,	1	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	LAKELAND, FL 33810	-		LAKELA	AND, FL 33810
	08/08/2022		l.	.220003481	8748
3.5. (a)	Date of filing/registration in Florida LEGALINC CORPORATE SERVICES INC.	4.			Document number
,	Registered Agent and Registered Office shown on the records of the 476 RIVERSIDE AVE.	e Flori	da I	Dept, of State	ate:
	Registered Office Address (MUST BE FLORIDA STREET AL	DDRE.	<u>SS)</u>		
	JACKSONVILLE ,FL	2202			
(b)	MARIANO MEJA				2024 SEP
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>)Mice 1	<u>addı</u>	<u>ress</u> :	-
	7512 WILLOW WISP DR E				ස
	NEW Registered Office Address:				PH 1: 50
	LAKELAND, FL 3	3810			
change agent was/w the art Signa I here provise the objeto mer	imited liability company is not organized under the laws or changes are made, the Florida street address of the rewill be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the liab tracks are authorized representative of a member by accept the appointment as registered agent and agree ligations of all statutes relative to the proper and complete poligations of my position as registered agent as provided all reflect a change in the registered office address. I he d'in writing of this change.	egiste ility of the li mited Es	ered com mit I lia strel	office and pany, it is ed liability con la Tavarez.	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in mpany. z. Attorney-in-Fact Printed or typed name of signee pacity. I further agree to comply with the

Catralla Tavaraz Estrella Tavarez, Special Secretary
Signature of Registered Agony