## Florida Department of State

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : I20160000048 Phone : (800)345-4647 Fax Number : (800)432-3622

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## LLC REGISTERED AGENT CHANGE P&F BROKEN STRINGS INVESTMENTS LLC

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FEB 2 1 2024 K. Brumbley (((H24000069141 3)))

## 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.

[P&F BROKEN STRINGS INVESTMENTS LLC]

2. (a) 5147 NW 24TH WAY  Principal office address of limited liability company:  (b) 5147 NW 24TH WAY  Mailing address of limited liability company:	
(Note: MAY BE POST OFF	
BOCA RATON, FL 33496  BOCA RATON, FL 33496	
8/8/2022 <u>L22000353470</u>	
3. Date of filing/registration in Florida 4. Document number	
5. (a) FLAIM, ANTHONY J, JR	
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
5147 NW 24TH WAY	2024 FEB
BOCA RATON , FL 33496	<del></del>
(b) Capitol Corporate Services, Inc.  Enter name of NEW Registered Agent and/or NEW Registered Office address:	ਹ = 3
515 East Park Avenue 2nd Fl	
NEW Registered Office Address:	A III
Tallahassee FL 32301	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirm the change or changes are made, the Florida street address of the registered office and the business office of agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the was/were authorized by an Affirmative vote of the members of the limited liability company or as otherwise the articles of openitization or the operating agreement of the limited liability company.  Anthony Flaim	of the registered te change(s)
Signature of a grember of fundamentalive of a member Printed or typed name of signature of a green printed or typed name of signature of a green printed or typed name of signature of a green printed or typed name of signature of a green printed or typed name of signature of a green printed or typed name of signature of a green printed or typed name of signature of a green printed or typed name of signature of a green printed or typed name of signature of a green printed or typed name of signature of a green printed or typed name of signature of a green printed or typed name of signature of a green printed or typed name of signature of a green printed or typed name of signature of a green printed or typed name of signature of a green printed or typed name of signature of a green printed or typed name of signature of a green printed or typed name of signature of a green printed or typed name of signature of a green printed or typed name of signature of a green printed or typed name of signature of a green printed or typed name of signature of a green printed or typed name of signature of a green printed or typed name of signature of a green printed or typed name or typed name of a green printed or typed name or	×
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to a provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar to the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document to merely reflect a change in the registered office address, I hereby confirm that the limited liability componential in writing of this change.	omply with the
Brian Radecki, Assistant Secretary on	
Signature of Registered Agent behalf of Capitol Corporate Services, Inc.	

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