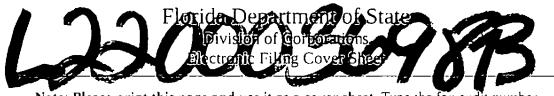
Division of Corporations



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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

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

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I. LEMIEBA

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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.

L Na	nme of the limited liability company:			
2. (a)		(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		-	f limited liability company: <u>E POST OFFICE BOX</u>)
		 -		
	08/23/2022	L	22000369873	
3.	Date of filing/registration in Florida	4.	Document nu	mber
5. (a)	THARMARAJ, ANURADHADEVI			<u>س</u>
	Registered Agent and Registered Office shown on the records of	the Florida D	Pept, of State:	• 3
	2526 CHERRYWOOD HILL DR			•
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		
	APT 207			-1) '
	BRANDON	33511		. <u>भ</u>
(b)	Registered Agents Inc Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 7901 4th St N	l Office addr	<u>esa</u> :	
	NEW Registered Office Address:			
	STE 300			
	St. Petersburg , FI	33702		
the cha agent v was/we the arti	imited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the large of a member or authorized representative of a member.	f the registe ability com of the limit	ered office and the busing any, it is hereby confined liability company or bility company. Jones	ness office of the registered rmed that the change(s) as otherwise provided in
				name of signee
I here provisi the obl to mere natifies	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I d in writing of this change.	performated for in Ch hereby con	ice of my duties, and I a	m familiar with and accent
Way July	David Roberts - Assistant S	ecretary		

Signature of Registered Agent