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K. SALY SEP - 5 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.

2. (a)	1801 nw 141 ave	i	b) <u>1801 n</u> v	w 141 ave
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	·	· ,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Pembroke Pines, FL 33028	 -	Pembro	oke Pines, FL 33028
	08/25/2022		1.220003	73791
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	LEGALING CORPORATE SERVICES INC.			
(b)	Registered Agent and Registered Office shown on the records	of the Flori	la Dept. of S	State:
	476 Riverside Ave.			
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRES	<u>(S)</u>	2024 SEP -14
	Jacksonville	FL_32202	-	H1.881
	Corporate Creations Network Inc.			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office a	ddress:	STEFFTORIN
	S01 US Highway 1			-
	NEW Registered Office Address:			
	North Palm Beach	FL_33408		_
change agent v was/wo	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member cles of organization or the operating agreement of the second control of the operating agreement of the operati	he registe liability c s of the li	ed office (ompany, i nited liabi	and the business office of the registered it is hereby confirmed that the change(s) lifty company or as otherwise provided in
	Kristen Espinales	Kr	sten Espin	ales, Attorney-in-Fact
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and a ons of all statutes relative to the proper and complo- igations of my position as registered agent as provi Ay reflect a change in the registered office address, I'in writing of this change.	igree to ac ete perfora ded for in I hereby c	t in this co ance of m Chapter 6 onfirm the	apacity. I further agree to comply with the ny duties, and I am familiar with and accep 505, F.S. Or, if this document is being filed at the limited liability company has been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Kristen Espinales, Special Secretary

Kristen Espinales

Signature of Registered Agent