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To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name	:	REGISTERED AGENTS	INC.
Account Number	:	120090000081	
Phone	:	(307)200-2803	
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.



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Corporate Filing Menu

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.

	(b)		<u>.</u>
Principal office address of limited liability comp (<u>Note: MUST BE STREET ADDRESS</u>)	any: 	Mailing address of limited li <u>(Note: MAY BE POST 6</u>	ability company:
08/22/22	L	22000380676	
Date of filing/registration in Florida	-1.	Document number	
Registered Agent and Registered Office shown on the re Registered Office Address <u>(MUST BE FLORIDA S</u>	TREET ADDRESS	<u>.</u> .	
155 OFFICE PLAZA DRIVE, SUITE A	4		
TALLAHASSEE	FL_32301		2
Registered Agents Inc		-	2023 APR
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Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Re</u>	gistered Office addre	<u>~</u>	<i>ネ</i> シュ
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Re</u> 7901 4th St N			27
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Re</u> 7901 4th St N	gistered <u>Office addre</u>		R 27 PIL 1: 3

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

ROBIN JONES

Signature of a member of a uthorized representative of a member

Printed or typed name of signee

a accept an epitine appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my daties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been natified in writing of this change. With Confirm Chapter - Assistant Secretary

Signature of Registered Agent

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