Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

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

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

 $\frac{\mathcal{O}}{\mathcal{O}}$ < Email Address:

LLC REGISTERED AGENT CHANGE SOUTHERN FLORIDA ENTERPRISES LLC

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8/28/2024 to 03 52 PDT To 18506176383 Page, 2/2 Fax 8134365206

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605,0114 or 605,011b, Florida Statutes, the undersigned limited hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

| 1. Na | ame of the limited liability company. | n Florida Enterprise | es LLC | | | |
|---|--|--|--|--|---|--|
| 2. (a) | | (} | h) | ······································ | | |
| | Principal office address of limited liability com (Nate: MUST BE STREET ADDRESS | ipany: | <u> </u> | dailing address of lanue (Note: MAY RE POS | d hability company; | |
| | 09/14/22 | | L2200040096 | 53 | | |
| 3. | Date of filing/registration in Florida | 4. | | Document number | | |
| 5. (a) | UNITED STATES CORPORATION AGENTS, INC | | | | | |
| | Registered Agent and Registered Office shown on the records of the Florida Dept, of State | | | | | |
| | Registered Office Address <u>OIUST BE FLORIDA</u> ; 476 RIVERSIDE AVE. | <u>STREET ADDRESS</u> | <u>n</u> | | | |
| | JACKSONVILLE | FL 32202 | | | 2 | |
| (6) | Registered Agents Inc | | | | 2624 AUG 2 | |
| | Enter name of <u>NEW Registered Agent</u> and or <u>NEW B</u> | tegistered Office ad | ldress: | · | . 32 | |
| | 7901 4th Si N | | | | | |
| | NEW Registered Office Address: | | | | | |
| | STE 300 | | | | 29 | |
| | St. Petersburg | FL | | | | |
| the cha agent v was/wa the art | imited liability company is not organized underinge or changes are made, the Florida street advill be identical. Or, in the case of a Florida liere authorized by an affirmative vote of the molely of organization or the operating agreement | ldress of the regi imited liability ec embers of the lim nt of the limited l | stered office ompany, it is nited liability | and the business of thereby confirmed to company or as other | fice of the registered hat the change(s) | |
| | ture of a member or authorized representative of a memb | Robi | in Jones | | | |
| Signa | ture of a member or authorized representative of a memb | per | | Printed or typed name of | of signice | |
| provisi the obt to mer | by accept the appointment as registered agent ions of all statutes relative to the proper and c ligations of my position as registered agent as ely reflect a change in the registered office ad if in writing of this change. David Roberts As | t and agree to act complete perform provided for in (dress, I hereby of sistant Secretary | t in this cape cance of my c Chapter 605, onfirm that t | wity. I further agree laties, and I am fam , F.S. Or, if this doc the limited liability o | e to comply with the iliar with and accept ument is being filed company has been | |
| | re of Registered Agent | ——— | | | | |