8/10/2023 09:19:34 /20 8/10/23, 12:07 PM	To 18506176383	Page: 1/2 Division of Corp	From: Registered Agents la	nc Fax: 8134365206
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F	From: Account Name Account Number Phone Fax Number	: REGISTERED AGENT : I20090000081 : (307)200-2803 : (813)436-5206	SINC.	
a	the email address for nnual report mailings.		-	ture
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Help AUG 10 2023

K. Brumbley

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.

I. N	Name of the limited liability company:				
2. (a)		(b)			
	Principal office address of limited liability com ( <u>Note: MUST BE STREET ADDRESS</u>	ipany:	Mailing address of limited liability company: ( <u>Note: MAY BE POST OFFICE BOX</u> )		
	09/19/22		20409017		
3.	Date of filing/registration in Florida		Document number		
	<b>U U</b>	<del>••</del> .	Document number		
5. (a)	PRIMEAU, ROBERT				
	Registered Agent and Registered Office shown on the i	records of the Florida Dept.	of State:		
	1242 SW PINE ISLAND RD.				
	Registered Office Address <u>(MUST BE FLORIDA</u> .	<u>STREET ADDRESS)</u>			
	STE. 42-214		202		
		. FL_33991	a au		
(b)	Northwest Registered Agent LLC		FILED FILED		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW F</u>	Registered Office address:			
	7901 4th St N				
	NEW Registered Office Address				
	STE 300				
	St. Petersburg	. FL			

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. N 34 Strad M. Signature of a member or authorized representative of a member Nat Smith

Printed or typed name of signee-

I hereby accept the 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 duties, 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. Thereby confirm that the limited liability company has been notified in yriting of this change.

Taylor Newman - Assistant Secretary

Signature of Registered Agent

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