## Florida Department of States

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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.\*\*

Email Address:\_

## LLC REGISTERED AGENT CHANGE

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FLOURISH IV HYDRATION LLC

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4/30/2024 10:18:08 PDT To: 18506176383 Page: 2/2 Fex: 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 605.0116. 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.

1. 8	ame of the limited liability company: FLOURISH IV HY	DRATION	LC
2. (a)	<u></u>	(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	09/21/22	<u> </u>	22000412231
3.	Date of filing/registration in Florida	4.	Document number
5. (a	REPUBLIC REGISTERED AGENT LLC		
). (a)	Registered Agent and Registered Office shown on the records of	the Florida I	Dept. of State:
	1150 Nw 72nd Ave Tower 1 Ste 455		
	Registered Office Address (MUST BE FLORIDA STREET)		
	Miami	33126	
(b)	"FL		<del></del>
	Registered Agents Inc		2021
	Enter name of NEW Registered Agent and/or NEW Registered	Office add	<u>ess</u> :
	7901 4th St N		2024 7.73 3.0
	NEW Registered Office Address:		
	STE 300		-1
		<del>_</del> .	ب
	St. Petersburg	33702	
he chargent was/whe are	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the authorized representative of a member of a member of authorized representative of a member of a member of authorized representative of a member of a mem	the regist ability core of the limited liner Robin	ered office and the business office of the registered office and the business office of the registered opany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in shilty company.  Jones  Printed or typed name of signer or comply with the
provis the ob to mei notific	ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I address of this change.  David Roberts - Assistant Section 1.	performa d för in Ci hereby coi	nce of my duties, and I am familiar with and acceptapter 605, F.S. Or, if this document is being filea firm that the limited liability company has been
<u> </u>	ire of Registered Agent	cucialy	