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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 : (855)330-1010

\*\*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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## LLC REGISTERED AGENT CHANGE RUNDIVA@LLC.COM LLC

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## 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)		(b)			
,	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		<del></del>			
	10/03/22	<u>L</u>	_22000425750		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	SHEPARD, THERESA				
	Registered Agent and Registered Office shown on the records of	of the Florida De	Dept. of State		
	2985 PESCARA DRIVE				
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)			
	JACKSONVILLE F	32246			
		132240	<u>,                                     </u>		
(b)	Registered Agents Inc		28 229 Fi v		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office addres	<u>ess:</u>		
	7901 4th St N		<u> </u>		
	NEW Registered Office Address.				
	STE 300		45		
	312 300				
	St. Petersburg	33702			
f the li	mited liability company is not organized under the la		tate of Florida, it is hereby confirmed that after		
ne cha	nge or changes are made, the Florida street address o	of the register	ered office and the business office of the registered		
vas/we	fill be identical. Or, in the case of a Florida limited I authorized by an affirmative vote of the members	of the limited	ed liability company or as otherwise provided in		
he artic	cles of organization or the operating agreement of the	e limited liab	bility company.		
Signat	ure of a member or authorized representative of a member		Robin Jones  Printed or typed name of signee		
			••		
provisio he obli o mere	ry accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address, I in writing of this change,	eve to act me performanced for in Cha hereby confi	cous capacity. I juriner agree to compty with the ce of my duies, and I am familiar with and accept apter 605. F.S. Or, if this document is being filed firm that the limited liability company has been		

Signature of Registered Agent

David Roberts - Assistant Secretary