From: David Thomas

6/9/23, 12:49 PM

Division of Corporations

## Florida Department of State

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

mail	Address:	
	Mudi 633'	

## LLC REGISTERED AGENT CHANGE WILLMATT, 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.

1. N	ame of the limited liability company: WillMatt, LLC	<u>-</u>					
2. (a)			(b)				
(u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability compa  (Note: MAY BE POST OFFICE BO)				:
	12001 Ciclo Court			12001 Ciel	o Court		
	Palm Beach Gardens, FL, 33418			Palm Beach Gardens, FL, 33418			
	October 3, 2022		Ī.	.220004262	42		
3.	Date of filing/registration in Florida	4.			Document number		
5. (a)	Registered Agent and Registered Office shown on the records o	C.I. Ex			•		
		::					
	William Nicolooso				-		
	Registered Office Address 13433 Machiavelli Way						
	Palm Beach Gardens	L.33418			•	2023	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Matthew Lashinger			· · · · · · · · · · · · · · · · ·			
	NEW Registered Office Address:	•	5:				
	12001 Cielo Court	<del>-</del> ·		42			
	Palm Beach Gardens F	L_33418					
change agent was/w the art	limited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the Mathum Labiture.	e registe lability of of the li e limited	ered con imit d lia	l office and apany, it is sed liability	I the business office hereby confirmed the company or as other pany.	of the registered hat the change(s erwise provided	d .)
Signa	nture of a member or authorized representative of a member				Printed or typed name o	of signee	
provis the ob- to mer	hy accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, l d in writing of this change.	ree to a 2 perfor ed for in herchy	ct ii mar i Ch con	n this capa nce of my a napter 605, njirm that t	icity. I further agree luties, and I am fami F.S. Or, if this doc he limited liability co	to comply with liar with and ac ument is being f ompany has bee	the cept filed m
	Matthew Ladinger						
Signati	ure of Registered Agent						