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Division of Corporations

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Account Name : REGISTERED AGENTS INC.

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

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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)					
		i b	ı)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		Mailing address of tim	ited liability company: OST OFFICE BOX)
	7901 4th St N STE 300		7901 4th S	St N STE 300	
	St. Petersburg FL 33702		St. Peters:	ขมเฐ FL 33702	
	10/03/22		L220004258	807	
3.	Date of filing/registration in Florida	4,		Document number	ir
5. (a)	UNITED STATES CORPORATION AGENTS, INC.				
(41)	Registered Agent and Registered Office shown on the records of th				
	476 RIVERSIDE AVE.				
	Registered Office Address IMUST BE FLORIDA STREET A	<u>DDRESS</u>		_	
	JACKSONVILLE	32202		_	
	. rt_			-	
{h}	Registerea Agents Inc			, - .	
	Enter name of NEW Registered Agent and/or NEW Registered (Mice ad	dresy:		? 6 7?
	7901 4th St N				· · · · · · · · · · · · · · · · · · ·
	NEW Registered Office Address				C
	STE 300				न्त्र ८ ===
				_	<u>©</u>
	St. Petersburg	33702		_	
the cha agent w was/we the artic Signat I here! provision	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of organization of the operating agreement of the liable of a member of authorized representative of a member of a member of a provided constant of the proper and complete proper and complete proper of all statutes relative to the proper and complete proper of a member of a position as registered agent as provided by reflect a change in the registered affice address. The	the regis bility of the limited l Rob te to act to for in C	stered office ompany, it is inted liability in Jones of in this cap- ance of my "hone" 60	e and the business is hereby confirme ty company or as o upany. Printed or typed nanoacity. I further against this 5. F.S. Or if this 5.	office of the registered d that the change(s) therwise provided in the of signee gree to comply with the locument is being filed.
notifica	in writing of this change. David Roberts - Assistant Se			tiving a timental	, company nus occu