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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

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K. SALY

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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 Standes, 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.

(a)		(b)	
	Principal office address of finited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	10/05/22	L2200	00430607
	Date of filing/registration in Florida	4.	Document number
(a)	INC AUTHORITY RA		
(117)	Registered Agent and Registered Office shown on the records	of the Florida Dept. i	of State:
	390 NORTH ORANGE AVE.		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
	STE 2300-N		
	ORLANDO	7L 32801	
(b)	Registered Agents Inc		
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office address:	
	7901 4th St N		- U) i'
	NEW Registered Office Address:	-	
	STE 300		
	St. Petersburg , I	33702 1	
cha nt w /we	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cless of organization or the operating agreement of the following accordance of an ember of a member or authorized representative of a member	of the registered of liability company of the limited lia	office and the business office of the registe y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company.
arti	in the second of	Konin Jones	·
arti	the of a member or authorized reversentative of a manufact		Printed or typed name of signee

- Assistant Secretary

David Roberts

Signature of Registered Agent