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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442 Enter the email address for this business entity to be used for future  $\sim$ annual report mailings. Enter only one email address please.\*\* າ ທ Email Address:

## LLC REGISTERED AGENT CHANGE STYLED BY SAM-I-AM LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 02      |
| Estimated Charge      | \$25.00 |

## 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.

| (a)   | 309 16TH ST W   | (               | (b) 309 16TH ST W   |  |  |
|-------|---|-----------------|---|--|--|
|       | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)                         |                 | Mailing address of limited liability compan<br>(Note: MAY BE POST OFFICE BOX) |  |  |
|       | PALMETTO, FL 34221  |                 | PALMETTO, F1, 34221   |  |  |
|       | 10/07/2022  |                 | 1,22000433152   |  |  |
| (a)   | Date of filing/registration in Florida LEGALING CORPORATE SERVICES INC.                                       | 4.              | Document number   |  |  |
| , ,,, | Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  476 RIVERSIDE AVE |                 |   |  |  |
|       | Registered Office Address (MUST BE FLORIDA STREE  |                 | ***   |  |  |
|       | Registred Office Address - English the Flashbox service   | <u>i adoke.</u> | <u>;</u> ;  |  |  |
|       | <del></del> -   | L 32202         | 26) {   |  |  |
| (h)   | <del></del> -   |                 | 26)   |  |  |
| (b)   | JACKSONVILLE  | 'L_32202        | 26) (   |  |  |
| (b)   | JACKSONVILLE  | 'L_32202        | 26) (   |  |  |
| (b)   | JACKSONVILLE  Corporate Creations Network Inc.  Enter name of NEW Registered Agent and/or NEW Register        | 'L_32202        | address:  |  |  |

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

| Kristen Capinales  | Kristen Espinales, Attorney-in-Fact |
|--|-------------------------------------|
| Signature of a member or authorized representative of a member | Printed or typed name of signee     |

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Kristen Espinales Kristen Espinales, Special Secretary
Signature of Registred Agent