36331 epartment o Division of Corporations **Electronic Filing Cover Sheet**

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Help

To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name	:	REGISTERED AGENTS	INC.		
Account Number	;	120090000081			
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.



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)	(b)						
	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)			Mailing address of limited liability compan (<u>Note: MAY BE POST OFFICE BOX</u>)			
	10/10/22		 L220	00436331			
	Date of filing/registration in Florida	4.		Document number			
a)	FIELDS, JANICE, RA						
	Registered Agent and Registered Office shown on the records		ida Dept. of S	nare.			
	Registered Office Address (MUST BE FLORIDA STREE 501 SW 13TH ST 4						
	Registered Office Address (MUST BE FLORIDA STREE	<u>T ADDRE</u>	<u>55)</u>				
•)	Registered Office Address (MUST BE FLORIDA STREE 501 SW 13TH ST 4	<u>T ADDRE</u>	<u>55)</u>				
)	Registered Office Address (MUST BE FLORIDA STREE 501 SW 13TH ST 4 OCALA	<i>T ADDRE</i> FL34	<u>55)</u> 4471	2002 .			
•)	Registered Office Address (MUST BE FLORIDA STREE 501 SW 13TH ST 4 OCALA Registered Agents Inc	<i>T ADDRE</i> FL34	<u>55)</u> 4471				
•)	Registered Office Address <u>(MUST BE FLORIDA STREE</u> 501 SW 13TH ST 4 OCALA Registered Agents Inc Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	<i>T ADDRE</i> FL34	<u>55)</u> 4471	26.3 . 15			
b)	Registered Office Address <u>(MUST BE FLORIDA STREE</u> 501 SW 13TH ST 4 OCALA Registered Agents Inc Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 7901 4th St N	<i>T ADDRE</i> FL34	<u>55)</u> 4471				

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.

Rotin Joney	ROBIN JONES
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 1 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. Thereby confirm that the limited liability company has been nutified in writing of this change. David Roberts - Assistant Secretary

Signature of Registered Agent

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314 FILING FEE: \$25.00