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Florida Department of State Rivision of Corporations

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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.	Na	ume of the limited liability company:	LC							
2. (ัก)			(b)						
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)							
		7901 4th St N STE 300	7901 4th St N STE 300							
		St. Petersburg FL 33702	St. Petersburg FL 33702							
		10/14/22		L220004437	64					
3.		Date of filing/registration in Florida	4.		Document nu	mber				
5.	12)	UNITED STATES CORPORATION AGENTS, INC.								
J,	144)	Registered Agent and Registered Office shown on the records of	''							
		Registered Office Address (MUST BE FLORIDA STREET)								
		476 RIVERSIDE AVE.								
		JACKSONVILLE F1	32202							
					•	•	2025 SEP			
(h)		Northwest Registered Agent LLC		:	SEF	ż				
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>			-5	=2:				
		7901 4th St N		•		Ber				
		NEW Registered Office Address:			AH 10:	Ţ				
		STE 300			•	85 :				
		St. Petersburg , FL	33702	••••						
the age: was the Si I he prothe to n	chant was serviced with the control of the control	imited liability company is not organized under the lay nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liester authorized by an affirmative vote of the members of cless of organization or the operating agreement of the surre of a member or authorized representative of a member by accept the appointment as registered agent and aground of all statutes relative to the proper and complete igations of my position as registered agent as providedly reflect a change in the registered office address, I if in writing of this change.	the reability of the l limite No eee to a perfor d for inhereby	gistered office company, it is imited liability d liability commat Smith and the cape of my confirm that it confirm that it	and the busing the hereby configured or a spany. Printed or typed active. I further	ness office rmed that as otherw I name of sign	of the the chaise pro	registered ange(s) wided in		
<u> </u>	_/_	Taylor Newman - Assistant Se	ecretary	y						
SIE	atu	ie or welliagree Affein								