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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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K Brumble,

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)	ane of the limited liability company:				
2. (a) _.	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)_	Mailing ad	dress of limited Hability company: MAY BE POST OFFICE BON)	
	3914 Butternut Ct	3	3914 Butternut ct BRANDON FL 33511 L22000459600		
	BRANDON FL 33511	B			
	10/25/22	L2			
	Date of filing/registration in Florida	4.	Documo	ent number	
. (a)	INC AUTHORITY RA				
. (ur	Registered Agent and Registered Office shown on the records of	of the Florida Di	ept. of State:		
	390 NORTH ORANGE AVE				
(b)	Registered Office Address (MUST BE FLORIDA STREE)	CA <u>DDRESS)</u>			
	STE 2300-N				
	ORLANDO	32801			
	Registered Agents Inc			2023	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office addre	55:	0C	
	7901 4th St N			APPROVED FILED 2023 OCT -4 PMI	
	NEW Registered Office Address:			PH CO	
	STE 300			· · · · · · · · · · · · · · · · · · ·	
	St. Petersburg	33702		<u>်</u>	
he cha gent v vas/we he arti	emited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the operating agreement of the florida member or authorized representative of a member	of the registe liability com of the limite	red office and the pany, it is hereby d liability compa pility company, ones	business office of the registers confirmed that the change(s) ny or as otherwise provided in	
Signat	are of a member or authorized representative of a member		Printed v	or typed name of signee	
rovisi he obli o merc	by accept the appointment as registered agent and a ons of all statutes relative to the proper and complet igations of my position as registered agent as provia fly reflect a change in the registered office address I in seciting of this change.	gree to act in le performant led for in Cha I hereby conf	this capacity. 1) we of my duties, a upter 605, F.S. O irm that the limit	further agree to comply with th nd I am familiar with and acce ir, if this document is being file ad liability company has been	

- Assistant Secretary

David Roberts

Signature of Registered Agent