Florida Department of State

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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 watal report mailings. Enter only one email address please.∗∗

Mg L Address:

LLC REGISTERED AGENT CHANGE

ۯ≨FIDENCE INTERNATIONAL DEVELOPMENTS LLC

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CEC 1 3 2023

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.

. No	ame of the limited liability company: Confidence Interns	ational Develop	pments LLC
. (a)	5201 Biscayne Blvd #15		
. (-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Miami Florida (US)33137		
	10/26/2022 12:00:00 AM	L2200	00460114
	Date of filing/registration in Florida	4.	Document number
(a)	LEGALING CORPORATE SERVICES INC.		
	Registered Agent and Registered Office shown on the records of 476 Riverside Ave. Registered Office Address (MUST BE FLORIDA STREET)	. of State:	
	Jacksonville , FL	32202	
	Corporate Creations Network Inc.		20
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	2023 DEC
	801 US Highway 1		EC -8
	NEW Registered Office Address:		PH 3
	North Palm Beach , FL	33408	2: 46
hange gent v as/we ne arti	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	vs of the State registered off ability compar of the limited I limited liabili	Tice and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
herei rovisi e obl mere	by accept the appointment as registered agent and agrains of all statutes relative to the proper and complete pligations of my position as registered agent as provided elv reflect a change in the registered office address, I have in whing of this change.	performance of I for in Chapt pereby confirn	is capacity. I further agree to comply with the of my duties, and I am familiar with and accep er 605, F.S. Or, if this document is being filed n that the limited liability company has been
	Danielle (Gossman, Sp	pecial Secretary
gnatu	re of Registered Agent		