Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803

Fax Number : (813)436-5206

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10/9/2023 12 35:48 PDT • To, 18506176383 Page: 2/2 From: Registered Agents Inc Fax: 8134365206

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)	(b)				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of timited liability company: (Note: MAY BE POST OFFICE BOX)		
	11/14/22		000483112		
. (a)	Date of filing/registration in Florida VCORP SERVICES, LLC	4.	Document number		
. (4)	Registered Agent and Registered Office shown on the records 5011 SOUTH STATE ROAD 7				
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)	- 4		
	DAVIE	FL_33314			
(b)	Northwest Registered Agent LLC		₹ 5		
Enter name of NEW Registered Agent and/or NEW Regi		ered Office addres	رية القرار التاريخ		
	7901 4th St N		· · · · · · · · · · · · · · · · · · ·		
	NEW Registered Office Address:				
	STE 300		77 r		
	St Petershina	33702 FL	FH 12: 04		
ie cha gent v as/we	imited liability company is not organized under the nge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member cles of organization or the operating agreement of	laws of the Sta s of the registered d liability comp rs of the limited	te of Florida, it is hereby confirmed that after ed office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in lifty company.		
Signal	ure of a member of authorized representative of a member		Printed or typed name of signee		
herei rovisi ie obl o mere	oy accept the appointment as registered agent and ons of all statutes relative to the proper and compl igations of my position as registered agent as prov by reflect a change in the registered office address	agree to act in a leic performance ided for in Chap i, I hereby confi	this capacity. I further agree to comply with the c of my duties, and I am familiar with and accep pter 605, F.S. Or, if this document is being filed rm that the limited liability company has been		