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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE ASOLO ADVISORS, LLC

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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. 1	Name of the limited liability company: ASolo Advisors, t	LLC	
2. (a)	(b)	o)
,,	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
	11/15/22	L	L22000489311
3.	Date of filing/registration in Florida	4.	Document number
5. (ε	ASolo Acquisitions & Development, LLC		
J. 10	Registered Agent and Registered Office shown on the records of		
	601 Heritage Drive Suite 126		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	<u> </u>
			2
	Jupiter	22450	
(b)	Jupiter, FI	53456	
	Northwest Registered Agent LLC		· . ·
	Enter name of NEW Registered Agent and/or NEW Registerer	d Office add	dress:
	7001 4th CAN		
	7901 4th St N		
	NEW Registered Office Address:		_
	STE 300		
	St. Petersburg	33702 L	
the clagent was/v	limited liability company is not organized under the la nange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	f the regist iability cor of the limi	stered office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in
	Wat Smaller	Nat Si	
-	nature of a member or authorized representative of a member		Printed or typed name of signee
provi the oi to me	chy accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address. I yd in writing of this change.	rce to act i e performa ed for in Co hereby co	tin this capacity. I further agree to comply with the ance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed onfirm that the limited liability company has been
- / V	Taylor Newman - Assistant S	ecretary	
Signa	ture of Registered Agent		