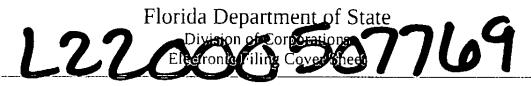
## Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 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.\*\*

Email	Address:			

## LLC REGISTERED AGENT CHANGE LIL' MAMA FARMS LLC

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4PR 25 2024

## 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. 8	lame of the limited liability company:	M2 LLC					
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b	)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
	01/01/23		 L22000507	769			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a	, THOMPSON, TYJUANNA						
J. (u	Registered Agent and Registered Office shown on the records of						
	35900 NE 7TH DRIVE	35900 NE 7TH DRIVE					
	Registered Office Address (MUST BE FLORIDA STREET	_					
	OKEECHOBEE FI	L 34972		2021			
(b		2024 APR 24					
	Enter name of NEW Registered Agent and/or NEW Registered	Enter name of NEW Registered Agent and/or NEW Registered Office address:					
	7901 4th St N	P :					
	NEW Registered Office Address:	- 2: 0					
	STE 300			- 30			
	St. Petersburg . FI	L		_			
the chagent was/v the ar	limited liability company is not organized under the la lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li- vere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	ws of the f the regis iability co of the limited I	stered offic mpany, it ited liabili	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in impany.			
	ature of a member or authorized representative of a member			Printed or typed name of signee			
provi. the ol to me	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change.	e performa ed för in C hereby co	ince of my	duties, and I am familiar with and accept			
<u></u>	Taylor Newman - Assistant S	Secretary					