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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

Fax Number

: (307)200-2803 er : (855)330-1010

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## LLC REGISTERED AGENT CHANGE CHEVANNES ENTERPRISE LLC

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JAH O Tring M. SCLET

## 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. Name of the limited liability company: Chevannes Enterprise LLC |                                                                                                                                                                                                                                                                                  |                                                       |                                                                                |                                                          |
|--------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------------------|
| 2. (a)                                                             |                                                                                                                                                                                                                                                                                  | (b)                                                   |                                                                                |                                                          |
|                                                                    | Principal office address of limited liability company.  (Note: MUST RE STREET ADDRESS)                                                                                                                                                                                           |                                                       | Mailing address of                                                             | Innited liability company:<br>E POST OFFICE BOX)         |
|                                                                    |                                                                                                                                                                                                                                                                                  | -                                                     |                                                                                |                                                          |
|                                                                    | 12/05/22                                                                                                                                                                                                                                                                         | <u>L</u> a                                            | 22000509628                                                                    | 3                                                        |
| 3.                                                                 | Date of filing/registration in Florida                                                                                                                                                                                                                                           | ٦.                                                    | Document nui                                                                   | nber                                                     |
| 5. (a)                                                             | , UNITED STATES CORPORATION A                                                                                                                                                                                                                                                    | AGENTS,                                               | INC.                                                                           |                                                          |
|                                                                    | Registered Agent and Registered Office shown on the records (                                                                                                                                                                                                                    | of the Florida Dep                                    | ot, of State.                                                                  |                                                          |
|                                                                    | 5575 S. SEMORAN BLVD.                                                                                                                                                                                                                                                            |                                                       |                                                                                |                                                          |
|                                                                    | Registered Office Address (MUST BE FLORIDA STREE)                                                                                                                                                                                                                                | T ADDRESS)                                            |                                                                                | . 20                                                     |
|                                                                    | SUITE 36                                                                                                                                                                                                                                                                         |                                                       |                                                                                | 23                                                       |
|                                                                    | ORLANDO                                                                                                                                                                                                                                                                          | <sub>1.</sub> 32822                                   |                                                                                | 2029 JAN -3                                              |
|                                                                    | Northwest Penistered Agent                                                                                                                                                                                                                                                       |                                                       | <del></del>                                                                    | ., -*.                                                   |
| (h)                                                                | Enter name of NEW Registered Agent and/or NEW Registered                                                                                                                                                                                                                         |                                                       | <br><u>S</u> ;                                                                 |                                                          |
|                                                                    | 7901 4th St N                                                                                                                                                                                                                                                                    |                                                       | -                                                                              | <del>.</del> 39                                          |
|                                                                    | NEW Registered Office Address:                                                                                                                                                                                                                                                   |                                                       |                                                                                |                                                          |
|                                                                    | STE 300                                                                                                                                                                                                                                                                          |                                                       |                                                                                |                                                          |
|                                                                    | St. Petersburg                                                                                                                                                                                                                                                                   | 33702                                                 |                                                                                |                                                          |
| the cha<br>agent was/wa<br>the art                                 | limited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the | of the registere<br>liability compa<br>of the limited | ed office and the busine<br>any, it is hereby confir<br>Hiability company or a | ess office of the registered med that the change(s)      |
| ,                                                                  | Not graita                                                                                                                                                                                                                                                                       | Nat S                                                 |                                                                                |                                                          |
| ٠                                                                  | ature of a member or authorized representative of a member                                                                                                                                                                                                                       |                                                       | Printed or typed                                                               | •                                                        |
| provisi<br>the obi<br>to mer<br>notifiq                            | pby accept the appointment as registered agent and agions of all statutes relative to the proper and completed ligations of my position as registered agent as provided reflect a change in the registered office address, and in writing of this change.                        | te performance<br>led for in Chap<br>I hereby confi   | e of my duties, and Lan<br>mer 605, F.S. Or, if th<br>rm that the limited liab | n familiar with and accept<br>is document is being filed |
| -   Van                                                            | Taylor Newman - Assista                                                                                                                                                                                                                                                          | int Secretary                                         | <b>∤</b>                                                                       |                                                          |

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent