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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.**

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LLC REGISTERED AGENT CHANGE HARD ENTERPRISES LLC

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NOV 20 2023

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. N	ame of the limited liability company: Hard Enterprises	LLC	
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	12/06/22	_	0512611
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
	Registered Agent and Registered Office shown on the records of	the Florida Dept.	of State:
	336 E. COLLEGE AVE. SUITE 301		
	Registered Office Address (MUST BE FLORIDA STREET	<u>ADDRESS)</u>	:
	TALLAHASSEE	32301	
	TALLAHASSEE FI	~ <u></u>	
(b)	Registered Agents Inc		. :
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	<u></u> ان
	7901 4th St N		
	NEW Registered Office Address:	<u> </u>	
	STE 300		
	St. Petersburg	33702	
the ch agent was/w the art	limited liability company is not organized under the lar ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the	f the registered lability compan of the limited li	office and the business office of the registered by, it is hereby confirmed that the change(s) liability company or as otherwise provided in by company.
Sign	Muselot and Joseph 19		Printed or typed name of signee
I here provis the ob	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. It is writing of this change. David Roberts - Assistant S	t performance of ed for in Chapte herchy confirm	is canacity. I further agree to comply with the
	ire of Registered Agent	•	