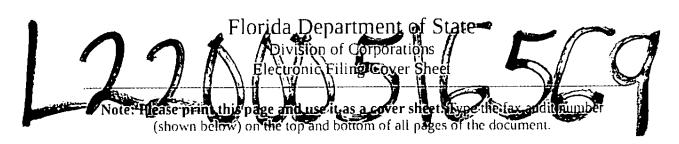
Page: 1/2 Fax: 8134365206 12/4/2024 11:36:22 PST -To: 18506176383



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Fax Number

Phone

: (307)200-2803 : (813)436-5206

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

email	Address:	 	

LLC REGISTERED AGENT CHANGE AFFILIATENERDS LLC

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Certified Copy	0
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Estimated Charge	\$25.00

12/4/2024 11:36:22 PST To 18506176383 Page: 2/2 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 hability 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:		
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 BON)	
	12/08/22	L2200	0516569
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
	Registered Agent and Registered Office shown on the records of Registered Office Address [MUST BE FLORIDA STREET] 476 RIVERSIDE AVE.		
	JACKSONVILLE		2024 DEC -
(b)	Registered Agents Inc Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 7901 4th St N <u>NEW Registered Office Address</u> :	PH 4: 26	
	STE 300		
	St. Petersburg , FI	33702 L	
the chagent was/w the art Signar There provise the obto mer potific	dimited liability company is not organized under the latange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited leter authorized by an affirmative vote of the members icles of organization or the operating agreement of the number of a member or authorized representative of a member of the appointment as registered agent and aging a figure of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address. If the writing of this change. David Roberts - Assistant S	f the registered iability compan of the limited liberal limited limite	office and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in ty company. Printed or typed name of signee