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.

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LLC REGISTERED AGENT CHANGE ALECART FLORIDA HOLDINGS LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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: ALECART FLORI	IDA HOLDINGS	LLC
2. (a)	Principal office address of limited liability company:	(b)	
	(Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company. (Note: MAY BE POST OFFICE BOX)
	12/09/2022	L2200	00517809
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	INCORP SERVICES, INC.		
. (.,	Registered Agent and Registered Office shown on the records of 3458 LAKESHORE DRIVE	of State:	
	Registered Office Address [MUST BE FLORIDA STREET]		
	TALLAHASSEE, FI.	32312	
(0)	Northwest Registered Agent LLC	7074 SEP	
	Enter name of NEW Registered Agent and/or NEW Registered		
	7901 4th St N		0 1
	NEW Registered Office Address:	. 72	
	STE 300		PH 12: 33
	St. Petersburg, FL.	33702	
the cha agent v was/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registered bility compan I the limited li	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
	The of a member or authorized representative of a member	Nat Smith	
Signat	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obli to mere	by accept the appointment as registered agent and agre ons of all statules relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I h I in writing of this change.	ce to act in this performance of I for in Chapte ereby confirm	s capacity. I further agree to comply with the f my duties, and I am familiar with and accept r 605, F.S. Or. if this document is being filed that the limited liability company has been
Signatur	Taylor Newman - Assistant Se	cretary	