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To:

Division of Corporations

Tc 18506176383

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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## LLC REGISTERED AGENT CHANGE PARK HOPPER CHOPPERS LLC

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## 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.

12/1 3. 5. (a) <u>UNI</u> Regis 476 Regis JAC	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Petersburg FL 33702 US  2/2022  Date of filing/registration in Florida  TED STATES CORPORATION AGENTS, INC.  stered Agent and Registered Office shown on the records of the RIVERSIDE AVE.	<u>L2</u>	
12/1 8. (a) <u>UNI</u> Regis 476 Regis JAC	2/2022  Date of filing/registration in Florida  TED STATES CORPORATION AGENTS, INC	<u>L2</u>	.22000520935 Document number
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Regis 476 Regii JAC (h) Regi	stered Agent and Registered Office shown on the records of the		
	RIVERSIDE AVE.		•
(h) <u>Reg</u> i	stered Office Address (MUST BE FLORIDA STREET AD	<u>DDRESS)</u>	2025 TAL
· <del></del>	CKSONVILLE FL. 3	32202	TALL AHASSEL FLOSIO
	istered Agents Inc name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	office addre	ress:
790	1 4th St N		
NEW	V Registered Office Address:	<del>-</del> - ·	
SIE	E 3000		<del></del>
<u>St. F</u>	Peterspurg .F1, 3	33702	
he change o gent will be vas/were au	d liability company is not organized under the laws or changes are made, the Florida street address of the e identical. Or, in the case of a Florida limited liab athorized by an affirmative vote of the members of of organization or the operating agreement of the li	he register pility comp the limite	tered office and the business office of the registe inpany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in
	fa member or authorized representative of a member	Rob <u>in</u>	Printed or typed name of signee
I hereby acc provisions o he obligatio o merely re potified in v	cept the appointment as registered agent and agree of all statutes relative to the proper and complete points of my position as registered agent as provided if flect a change in the registered office address. I he criting of this change	e to act in erformant for in Che richy conf	in this capacity. I further agree to comply with i nee of my duties, and I am familiar with and acc hapter 605, F.S. Or, if this document is being fil nfirm that the limited liability company has been

highattibol Registered Agent