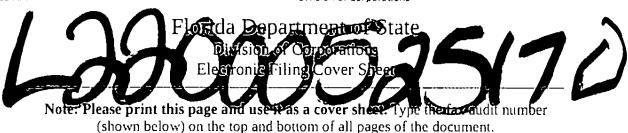
Division of Corporations



(((H240000014813)))



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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. **

Email Address:___

LLC REGISTERED AGENT CHANGE THE INNER COMPASS CO., LLC

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T. LEMIEUX----

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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.

1.	Name of the limited liability company:	ss Co., 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)
	12/15/22	L220005251	70
3.	Date of filing/registration in Florida	4.	Document number
5. (a	INC AUTHORITY RA		
•••	Registered Agent and Registered Office shown on the records of the Florida Dept. of State		e:
	Registered Office Address [MUST BE FLORIDA STREET ADDRESS]		
	390 NORTH ORANGE AVE., STE 2300-N		is for
	ORLANDO , FL	32801	PH 6:
	Registered Agents Inc		<u></u>
(b	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	<u>.</u>
	7901 4th St N		
	NEW Registered Office Address:		-
	STE 300	·	_
	St. Petersburg , FL	33702	_
the c agent was/ the a	limited liability company is not organized under the law hange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the registered office ability company, it is find the limited liability.	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
Sign	rature of a member or authorized representative of a member		Printed or typed name of signee
I her prove the o to me notifi	reby accept the appointment as registered agent and agrisions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I ded in writing of this change. David Roberts - Assistant Series	performance of my d for in Chapter 60; hereby confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
Sign	ture of Registered Agent		