To: 18506176383

1/2/2025 15:51:34 PSY 1/2/25, 5:43 PM

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

\*\*Enter the email address for this business entity to be used for future 浩≦annual report mailings. Enter only one email address please.\*\*

နှ**E**mail Address:

## LLC REGISTERED AGENT CHANGE AWK PRODUCTIONS, 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.

I. Na	une of the limited liability company: AWK PRODUCT	IONS, I	LC	
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(1	b)	Mailing address of limited liability company:  **INOTE: MAY BE POST OFFICE BOX**)
	01/06/2023	_	L23000016	5011
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 all 390 NORTH ORANGE AVE., STE 2300-N	ne Florid:	a Dept-of Stat	e:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			<del>-</del>
	ORLANDO .FL	32801		-
(b)	REGISTERED AGENTS INC			2025 JAN
·	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office ad	dress:	1000年
	7901 4TH ST N			-3 MII:0
	NEW Registered Office Address:			
	STE 300			- 9
	ST. PETERSBURG FT.	33702		· -
change agent v was/we the arti	imited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liabere of a member or authorized representative of a member	register oility co the lin imited l	ed office an impany, it is ited liability	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
Signal	nire of a member or authorized representative of a member			Printed or typed name of signee
provisi the obl to mere n <u>oti</u> fica	w accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p igations of my position as registered agent as provided ily reflect a change in the registered office address, I ha Un writing of this change.	e to act erform for in C reby co	in this cape ance of my e Thapter 605 onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept i, F.S. Or, if this document is being filed the limited liability company has been
<u>i</u> 20,	'ये रिकेशरिङ David Roberts			
Signatu	re of Registered Agent			