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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 : (855)330-1010

 $\ddot{\phi}$ **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 ACE'S PLAYGROUND, 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. N	ame of the limited liability company: Ace's P	laygro	und, L	LC		
2. (a))			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited (Note: MAY BE POST	-	
	01/09/23		 L2300	0019559		
3.	Date of filing/registration in Florida	<u> </u>		Document number		
5 (~)	BOOKER, JANELLE M					
5. (a)	Registered Agent and Registered Office shown on the records	of the Florida	Dept. of State	- e:		
	1441 SW AACHEN AVE		•			
	Registered Office Address (MUST BE FLORIDA STRFE	T ADDRESS)	_		
	PORT ST LUCIE	_{FL} 34953		_		
(b)	Northwest Registered Agent			-		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office add	lress:		20	
	7901 4th St N			-	2023 FF	
	NEW Registered Office Address:			- :	Fβ	
	STE 300				C _D	
	St. Petersburg	_{FL} 33702		- 	PH 2: 3	<i>c</i> -
the changent was/we	imited liability company is not organized under the large or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the regis liability con s of the limi	tered office mpany, it is ited liabilit	e and the business off s hereby confirmed th y company or as othe	ifirmed that lice of the rear the char	egistered ige(s)
	NUT SMITH	Nat	Smith			
•	ture of a member or authorized representative of a member			Printed or typed name o	Ü	
provisi he obl o mere wijigo	by accept the appointment as registered agent and a ons of all statutes relative to the proper and comple igations of my position as registered agent as provice ely reflect a change in the registered office address, I in writing of this change.	ĭe performa	mce of my i	duties, ånd I am fami	liar with ar	id accen
- / /	Taylor Newman - Assista	ant Secret	arv.			