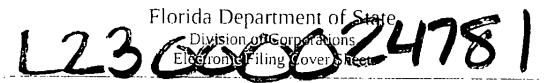
To: 18506176383

Page: 1/2

From: Registered Agents Inc.

Division of Corporations

Fax: 8134365206



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000281373 3)))



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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 LARONICA LLC

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AUG 1 4 2023 K. Brumbley

## 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.

L N	ame of the limited liability company:		
2. (a)	Principal office address of limited liability company:	(b)	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)
	01/11/2023	L2300002	
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
	Registered Agent and Registered Office shown on the records of a 422 SW 27TH TERRACE	the Florida Dept. 615	State:
	Registered Office Address - IMVST BE FLORIDA STREET:	(DDRESS)	
	FORT LAUDERDALE	33312	_ 2
(b)	Registered Agents Inc		APPROV AND FILEI MICHAELAND
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	
	7901 4th St N		ND PM
	NEW Registered Office Address:		— — — — — — — — — — — — — — — — — — —
	STE 300	<del></del>	<b>55</b>
	St. Petersburg	33702	
the cha agent v was/w the arti	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registered off bility company, if if the limited liab	fice and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in
Signa	ture of a member of authorized representative of a member		Printed or typed name of signee
Theresprovisi the obli to mero notified	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	performance of n I for in Chapter 6 terchy confirm th	apacity. I further agree to comply with the sy duties, and I am familiar with and accept 505, F.S. Or, if this document is being filed at the limited liability company has been
	12 ্রিক্সিক David Roberts - Assistant Se	ecretary	