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To:					
10.	Division of Corporation	ıs			
	Fax Number : (850)6	17-6383			
From:					
	Account Name : REGIST	ERED AGENTS INC			
	Account Number : I20090	000081			
	Phone : (307)2				
	Fax Number : (855)3	30-1010			
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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: Sun	Puppy Point LLC
_{2. (a)} 7901 4th St N	(b) 7901 4th St N
Principal office address of limited liability cor (Note: MUST BE STREET ADDRESS	any: Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
STE 300	STE 300
St. Petersburg, FL 33702	St. Petersburg, FL 33702
01/18/23	L23000032181
B. Date of filing/registration in Florida	4. Document number
_{5. (a)} MILLER, JULIE	
Registered Agent and Registered Office shown on the 802 HARBOUR POINT DR Registered Office Address (MUST BE FLORIDA	
MIRAMAR BEACH	
Northwest Registered Ag	
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> 7901 4th St N	egistered Office address:
NEW Registered Office Address	. ¬¬¬ г. ⊃: ⊐к
STE 300	<u> </u>
St. Petersburg	.FL_33702
he change or changes are made, the Florida street a igent will be identical. Or, in the case of a Florida l was/were authorized by an affirmative vote of the m he articles of organization or the operating agreeme	the laws of the State of Florida, it is hereby confirmed that after dress of the registered office and the business office of the registere mited liability company, it is hereby confirmed that the change(s) mbers of the limited liability company or as otherwise provided in tof the limited liability company.
Nat Smith	Nat Smith
Signature of a member or authorized representative of a mem	r Printed or typed name of signee

Thereby accept the appointment as registered agent that agive to act in ons capacity. That delagree to comply which are provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Taylor Newman - Assistant Secretary

Signature of Registered Agent