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

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Heligsos 45 NAL T. LEMIEUX 1/21/2025 10:56:40 PST. To: 18506176383 Page: 2/2 Fax: 8134365206

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.	Na	ane of the limited liability company:					
2. (a i	10175 Fortune Parkway	(l	o) 10175 Forte	une Parkway		
,-		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	-		Aailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		Unit 1103-234	_	Unit 1103-234			
		Jacksonville, FL 32256	_	Jacksonville	e, FL 32256		
		01/19/2023		L2300003616	63		
3.		Date of filing/registration in Florida	4.		Document number		
5. ((a)	ZenBusiness Inc.					
<i>J.</i> (144	Registered Agent and Registered Office shown on the records of th					
		336 E. College Ave.			- 131 		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
		Suite 301			2		
		Tallahassee, FL 3	32301				
t'	is i	Registered Agents Inc	ų: 27				
(b)	υ,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :					
		7901 4th St N					
		NEW Registered Office Address:					
		STE 300					
		St. Petersburg	33702				
the cager was the a	cha nt w we arti-	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of tivill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liability of a member of authorized representative of a member of authorized representative of a member of a proper and agree ons of all statutes relative to the proper and complete prigations of my position as registered agent as provided thy reflect a change in the registered office address. I he	he regicility control the line imited	stered office ompany, it is nited liability liability com	and the business office of the registered thereby confirmed that the change(s) y company or as otherwise provided in a pany. Robin Jones Printed or typed name of signee with the		
noti,	neo J	and David Roberts - Assistant Sec					
Sign	atu	re of Registered Agent					