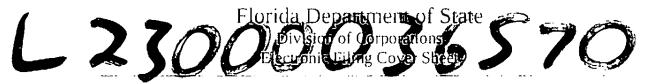
Division of Corporations



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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

..........

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Fax Number : (813)436-5206

the email address for this business entity to be used for future ámnual report mailings. Enter only one email address please.**

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LLC REGISTERED AGENT CHANGE RITZZY LLC

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Help

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. N	ame of the limited liability company:							
2. (a)	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company; (Note: MAY BE POST OFFICE BOX)					
,	01/19/23 Date of filing/registration in Florida		L23000036570 Document number					
3.	~ ~	4.	Document number					
5. (a)		REPUBLIC REGISTERED AGENT LLC Registered Agent and Registered Office shown on the records of the Florida Dept. of State						
	1150 NW 72ND AVE TOWER I							
	Registered Office Address (MUST BE FLORIDA STREE	– <u>EADDRESS)</u>	~					
	STE 455		024					
	MIAMI	FL ³³¹²⁶						
	Registered Agents Inc							
	7901 4th St N	ed Onice addi	idress: — — — — — — — — — — — — — — — — — —					
	NEW Registered Office Address:							
	STE 300							
	St. Petersburg	33702 FL						
the chagent was/w the ar ///////////////////////////////////	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited zere authorized by an affirmative vote of the member ticles of organization or the operating agreement of the lattice of a member of authorized representative of a member	of the regist liability con s of the limit he limited lia Robin	stered office and the business office of the registere ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in liability company, in Jones Printed or typed name of signee					
provi: the ol, to me notific	by accept the appointment as registered agent and a sions of all statutes relative to the proper and comple digations of my position as registered agent as provi welv reflect a change in the registered office address, at in writing of this change.	te performa ded for in Cl I hereby con	t in this capacity. I further agree to comply with the vance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed confirm that the limited liability company has been					
	David Roberts - Assistant	Secretary						