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## Alorida Department of State Division of Comporations Shostronic Billing Cover Shoet

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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## LLC REGISTERED AGENT CHANGE ROONIC LIMITED LIABILITY COMPANY

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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. Na	ame of the limited liability company. ROONIC	LIMITED LIABILIT	TY COMPANY	· <del></del> · · · · · · · · · · · · · · · · · ·	
2. (a)	7901 4th St N STE 300 (b) 7901 4th St N STE 300				
	Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	oany:	•	limited liability company: EPOST OFFICE BOX)	
	St. Petersburg FL 33702 US	<del>-</del>	St. Petersburg FL 33702 US	<u> </u>	
	01/25/2023		L23000047757		
3.	Date of filing/registration in Florida		Document nun	nber	
5. (a)	UNITED STATES CORPORATION AGENTS, INC.				
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State				
	476 RIVERSIDE AVE.				
	Registered Office Address (MUST BE FLORIDA S)	<u>treet address</u>			
	JACKSONVILLE	, FL 32202		1015 JIN -3 1. 9:09	
(b) <sub>.</sub>		· · · · · · · · · · · · · · · · · · ·	<del></del>	نير	
	Northwest Registered Agent LLC			1	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Re</u>	gistered Office add	resy:		
	7901 4th St N  NEW Registered Office Address:		<del></del>	· 0	
	-			. 50	
	STE 300				
	St Petersburg	FI 33702			
			<del></del> -		
	imited liability company is not organized under inge or changes are made, the Florida street add				
agent v	vill be identical. Or, in the case of a Florida lin	nited liability co	mpany, it is hereby confiri	ned that the change(s)	
was we the arti	are authorized by an affirmative vote of the mer teles of organization or the operating agreement	mpers of the firm Fof the limited li	ted nability company or a: ability company.	s otherwise provided in	
./	ture of a member or authorized representative of a member	Nat S	mith		
Signa	ture of a member or authorized representative of a member	a = = = = = = = = = = = = = = = = = = =	mith Printed or typed i	tame of signee	
I herei provisi the obl to mere potitive	by accept the appointment as registered agent a ons of all statutes relative to the proper and co. igations of my position as registered agent as p Ay reflect a change in the registered office addi I in writing of this change.	ind agree to act inplete performa provided for in C ress, I hereby co	in this capacity. I further nee of my duties, and Lam hapter 605, F.S. Or, if thi nfirm that the limited liabi	agree to comply with the lamiliar with and acceps s document is being filed ility company has been	
-/ / / /	Taylor Newman - Assi	istant Secretary			
Signatu	re of Registered Agent				