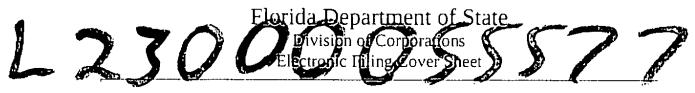
Division of Corporations



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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 the email address for this business entity to be used for future

Email Address:

ம் சூரியுவி report mailings. Enter only one email address please.**

LLC REGISTERED AGENT CHANGE WEMOP, LLC

Certificate of Status	0
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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. No	une of the limited liability company:		
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) ,
	01/30/23	_	000055577
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	INC AUTHORITY RA	********************************	
	Registered Agent and Registered Office shown on the records of t	the Florida Dep	t. of State:
	Registered Office Address (MUST BE FLORIDA STREET)	(DDRESS)	
	390 NORTH ORANGE AVE., STE 2300-N		
	ORLANDO FI	32801	
	Registered Agents Inc	-	2:
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office address	<u> </u>
	Enter fame of NEW Registered Agent and/of NEW Registered	Office address	
	7901 4th St N		
	NEW Registered Office Address:		<u> </u>
	STE 300		22
	St. Petersburg , FL	33702	
the cha agent v was/we the arti	imited liability company is not organized under the lawinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registere bility compa f the limited	d office and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company.
	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obl to merc notifie	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change. David Roberts - Assistant Se	performance I for in Chap ierchy confir	r of my duties, and I am familiar with and accept ver 605, F.SOr, if this document is being filed
	David Roberts - Assistant Se	ecretary	