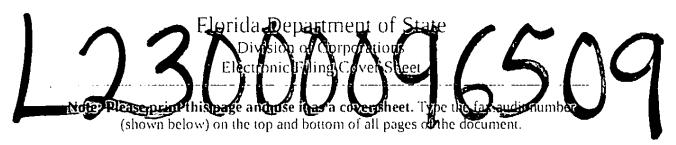
Division of Corporations



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From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 : (307)200-2803 Fax Number : (813)436-5206

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

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2/22/2024 11:26:41 PST To: 18506176383 Page: 2/2 From: Registered Agents Inc 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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

l. Na	une of the limited liability company.	Services, LLC		
2. (a)		(b)		
·	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited hability company; (Note: MAY BE POST OFFICE BOX)	
	02/22/2023	L230	00096509	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	INC AUTHORITY RA			
., (0)	Registered Agent and Registered Office shown on the reco			
	Registered Office Address (MUST BE FLORIDA ST.	REET ADDRESS)	2024	3
	390 NORTH ORANGE AVE., STE 2300-N			•
	ORLANDO	121 32801		J
(b)	Northwest Registered Agent LLC			o ⊸⊸
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Reg</u>	<u>istered Office address:</u>	: 🗟	<u> </u>
	7901 4th St N			-
	NEW Registered Office Address:			
	STE 300			
	St. Petersburg	FL		
the cha agent v was/we the arti	imited liability company is not organized under ange or changes are made, the Florida street addrivill be identical. Or, in the case of a Florida limere authorized by an affirmative vote of the memicles of organization or the operating agreement	ress of the registered ited liability compa ibers of the limited	d office and the business office of the rea ny, it is hereby confirmed that the chang liability company or as otherwise provid	gistered e(s)
14	ture of a member of authorized representative of a member	Nat Smith		
/ Signa	ture of a member or authorized representative of a member	-	Printed or typed name of signee	
provisi the obl to mere	hy accept the appointment as registered agent or ions of all statutes relative to the proper and con ligations of my position as registered agent as pr ely reflect a change in the registered office addr d in writing of this change.	nd agree to act in th upleie performance vovided for in Chap, ess, I hereby confut	us capacity. I further agree to comply w of my duties, and I am familiar with and ter 605, F.S. Or, if this document is bein m that the limited liability company has t	ith the laccept og filed been

Signature of Registered Agent

- Assistant Secretary

Laylor Newman