Division of Corporations

Florida Department of S

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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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LLC REGISTERED AGENT CHANGE INDEX RETREATS LLC

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Helport 12 2023 K. Brumbley 10/12/2023 12:06.41 PDT . To 18506176383 Page. 2/2 From, Registered Agents Inc Fax: 9134365206

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: (Note: MUST BE STREET ADDRESS) | (b) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| 2 | 02/27/23 Date of filing/registration in Florida | | 00103713 Document number |
| 3. | | **, | Document riskoci |
| 5. (a | MEEHLE, SUZANNE D, ESQ. Registered Agent and Registered Office shown on the records o | | |
| (b) | Registered Office Address (MUST BE FLORIDA STREET | ADDRESS) | - — |
| | 1215 E CONCORD STREET | | |
| | Orlando F | L. 32803 | 2 |
| | | | 2023 OCT |
| | Enter name of NEW Registered Agent and/or NEW Registere | d Office address: | T 12 |
| | 7901 4th St N | | 2 PH |
| | NEW Registered Office Address: | | |
| | STE 300 | | <u> </u> |
| | St. Petersburg , F | 33702 L | |
| the ch agent was/w the an | limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the | of the registered lability compator of the limited | d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company. |
| | ature of a member or authorized representative of a member | | Printed or typed name of signee |
| provis the ob to met | by accept the appointment as registered agent and age tions of all statutes relative to the proper and complete digations of my position as registered agent as provided when reflect a change in the registered office address, I will in writing of this change. | e performance ed for in Chap hereby confiri - | of my duties, and I am lamiliar with and accept |
| _/ | Taylor Newman - Assistant S | secretary | |