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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 : (855)330-1010

Enter the email address for this business entity to be used for future Email Address:\_

## LLC REGISTERED AGENT CHANGE MOTION PURPOSES LLC

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T. LEMIEUX

MAY 2 3 2023

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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.

2. (a)		(h)					
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	М	lailing address o	of limited liability BE POST OFFICE	company:	
	03/14/2023	L23	800013149	1			
3.	Date of filing/registration in Florida	4.	1	Document nu	ımber	***************************************	
5. (a)	JONES, TIM						
	Registered Agent and Registered Office shown on the records of	the Florida De	pt. of State:				
	Registered Office Address (MUST BE FLORIDA STREET	4DDRFSS)					
	2014 NORMANDY CIR	AIAMIAA)					
	WEST PALM BEACH, FI	33409					
(h)	Registered Agents Inc					20	
	Enter name of NEW Registered Agent and/or NEW Registered	l Office addres	<u>s</u> :			2023 H	
	7901 4th St N					r. 3	
	NEW Registered Office Address:					62	
	STE 300	<u></u> .	<u> </u>				(~.
	St. Petersburg, FI	33702			-	1: 50	
the cha agent v was/wa	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	f the register ability comp of the limited	ed office any, it is I liability ility comp	and the busing hereby confictions company or	ness office of the rmed that the c	ne regist hange(s	ered )
Signa	ture of a member or authorized representative of a member	•	<del></del>	Printed or types	I name of signee	<u>.</u>	
provisi the obl to mere natified	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I if my writing of this change.	ree to act in a performance d for in Cha hereby confi	this capac e of my di pter 605, rm that th	city. I furthe aties, and I a F.S. Or, if the ne limited lia	r agree to com m familiar with his document is bility company	ply with vand ac being f has bee	the cept iled n
(vid ) Ye	David Roberts - Assistant S	ecretary					

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent