## Florida Department of State 300 Division Coversheet 300

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Division of Corporations

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## LLC REGISTERED AGENT CHANGE ROSS&PEN LLC

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K. Brumbley

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

→ 18506176383

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.

l. Na	me of the limited liability company:			
2. (a)			ARTMOUTH DR	
( )	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	<del></del>	. ,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	HOLIDAY, FL 34691	<u> </u>	HOLID	AY. FL 34691
	05/01/2024		L230001	63300
5. (a)	Date of filing/registration in Florida LEGALINC CORPORATE SERVICES INC.	4.	-	Document number
. (-,	Registered Agent and Registered Office shown on the records of t 476 RIVERSIDE AVE.	the Flor	ida Dept. of S	state:
	Registered Office Address (MUST BE FLORIDA STREET A	DDRE	<u>(SS)</u>	
	JACKSONVILLE, FL	32202		2021
(b)	Corporate Creations Network Inc.			2024 HÁY – 1
	Enter name of NEW Registered Agent and/or NEW Registered	Office	address:	<u>-</u> ;=
	801 US Highway 1			<u> </u>
	NEW Registered Office Address:			6: 59
	North Palm Beach, FL	33408		
hange igent v vas/wo	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registe bility f the li	ered office company, i imited liabi	and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in
	atrella Tavarez ture of a member or authorized representative of a member	E:	strella Tavar	ez, Attorney-in-Fact
Signal	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi he obl o merc	by accept the appointment as registered agent and agri- ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I h I in writing of this change.	nerfor.	mance of n	iv duties, and I am lamiliar with and accept

Signature of Registered Agony

Signature of Registered Agony