Florida Department of State

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Account Name : COMPUTERSHARE Account Number : 110432003053 : (561) 694-8107 Phone : (561)214-8442 Fax Number

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LLC REGISTERED AGENT CHANGE **PURPLE PASSION LLC**

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APR 25 2024

K. Brumbley

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.

(a)	6525 ARANCIO DR W		(b) 6525 ARANCIO DR W		
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited (Note: MAY BE POST	
	JACKSONVILLE, FL 32244	<u> </u>	JACKSON	IVILLE. FL 32244	
	04/25/2024		L230001865	525	
	Date of filing/registration in Florida	4.	······	Document number	
'a)	LEGALINC CORPORATE SERVICES INC.				
(a)	Registered Agent and Registered Office shown on the records of 476 RIVERSIDE AVE.	f the Flor	ida Dept, of State	- e:	
	Registered Office Address (MUST BE FLORIDA STREE)	ADDRE	<u>(SS)</u>	-	
	JACKSONVILLE , F	L_32202		- -	
b)	JACKSONVILLE, F Corporate Creations Network Inc.	L_32202		-	20
b)				-	2024 /
b)	Corporate Creations Network Inc.			-	2024 ACR 25
b)	Corporate Creations Network Inc. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registers</u>			-	25
b)	Corporate Creations Network Inc. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u> 801 US Highway I			-	25 PH
o)	Corporate Creations Network Inc. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 801 US Highway I <u>NEW</u> Registered Office Address:		address:	- - -	25

Estrella Tavarez	Estrella Tavarez, Attorney-in-Fact		
Signature of a member or authorized representative of a member	Printed or typed name of signee		

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Ageny