Florida Department of State Division of Corporations

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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.

, 10	ame of the limited liability company:			TO NAME OF THE AREA	
(a)	19 NW 28TH AVE B		(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	FORT LAUDERDALE, FL 33311			FORT LAUDERDALE, FL 33311	
	04/25/2024		L	L23000186633	
	Date of filing/registration in Florida	4.		Document number	
(a)	LEGALINC CORPORATE SERVICES INC.				
(b)	Registered Agent and Registered Office shown on the records of 476 RIVERSIDE AVE.	of the Flo	rida [Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	JACKSONVILLE, I	L_3220	2		
	Corporate Creations Network Inc.	•		2024 i.P.3	
	Enter name of NEW Registered Agent and/or NEW Register	ed Office	add	lress:	
	801 US Highway I			25	
	NEW Registered Office Address:				
				ů T	
			_	স	
	North Palm Beach	L_3340	В		
iange gent v as/we e arti Signal	imited liability company is not organized under the learn changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited creathorized by an affirmative vote of the members cles of organization or the operating agreement of the companization of the operating agreement of the companization of a member of all statutes relative to the proper and completing ignations of my position as registered agent as providing the reflect a change in the registered office address.	ie regis liability of the e limite	tered con limited lia Estrel	d office and the business office of the registered npany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided is ability company. Ila Tavarez, Attorney-in-Fact Printed or typed name of signee in this capacity. I further agree to comply with t	

Signature of Registered Agony

atrella Tavarez Estrella Tavarez, Special Secretary