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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Fax Number : (855)330-1010

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## LLC REGISTERED AGENT CHANGE LAUREN CHAVARRIA ART, LLC

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Help T. LEMIEUX APR 19 2023

## 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. 1	Name of the limited liability company: LAUREN CHA	VARRIA	ART, L	LC	_		
2. (a	)	(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)			
	04/14/2023	Ţ	230001	86845			
3.	Date of filing/registration in Florida	4.		Document num	ber		
5. (a	) ROCHFORD, PAUL C						
<i>5.</i> (c	Registered Agent and Registered Office shown on the records of the	he Florida D	ept. of State	:			
	16970 SAN CARLOS BLVD SUITE 160						
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)					
	#623						
	FORT MYERS , FL	33908					
(b	Registered Agents Inc						
(U	Enter name of NEW Registered Agent and/or NEW Registered	Office addr	<u>ess</u> :		Te	20	
	7901 4th St N					.; E202	
	NEW Registered Office Address:					: 	
	STE 300					ري د	
						<b>x</b>	<b>C</b> .
	St. Petersburg , FL	33702			유: 	PM 12: 31	
the clagent was/sthe all Sign I her provide the out of the state of th	limited liability company is not organized under the law nange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liawere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the lawere of a member or authorized representative of a member reby accept the appointment as registered agent and agreeing of all statutes relative to the proper and complete bligations of my position as registered agent as provided rely reflect a change in the registered office address. I held in writing of this change.	the registe bility com f the limited lia Robin	ered office apany, it is ed liability bility com	and the business hereby confirm to company or as apany.  Printed or typed notice.	ss office ned that t otherwis	of the r he char se prov	registered nge(s) ided in

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

Juvid Noverts David Roberts - Assistant Secretary

Signature of Registered Agent