Florida Department of State

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

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

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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LLC REGISTERED AGENT CHANGE WKND FIXIN LLC

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K. SALY

MAY - 3 2024

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 Indersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

. Na	ame of the limited liability company: WKND Fixin LLC	2			
. (a)	, , , , , , , , , , , , , , , , , , , ,		(b) 134 NW	W AIROSO BLVD	
(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	PORT SAINT LUCIE, FL 34983	_	PORT S	AINT LUCIE, FL 34983	
	05/02/2024		L2300019	9592	
	Date of filing/registration in Florida	4.		Document number	
(b)	LEGALINC CORPORATE SERVICES INC.				
	Registered Agent and Registered Office shown on the records of t 476 RIVERSIDE AVE.	he Flori	da Dept, of St	ate:	
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRE.	22)		
	JACKSONVILLE, FL	32202		_ 15 28	
	Corporate Creations Network Inc.			TALLAH	
	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:	ASS	
	801 US Highway I				
	NEW Registered Office Address:			PH 4: 55 EFFLORIDA	
	North Palm Beach . FL	33408			
hange gent v /as/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 ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registe bility of f the li	red office a company, it mited liabil	and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in	
	strella Tavarez	Es	trella Tavare	z, Attorney-in-Fact	
Signa	ture of a member or authorized representative of a member	_		Printed or typed name of signee	
rovisi	by accept the appointment as registered agent und agro ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided	perfort	nance of m	eduties, and I am familiar with and accep	

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.

strella Tavarez Estrella Tavarez, Special Secretary Signature of Registered Agony