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## <u> Florida Department of State</u>

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Fax Number : (813)436-5206

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## LLC REGISTERED AGENT CHANGE **ROSE TIMBER LLC**

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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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida

١.	Na	ane of the limited liability company: Rose Timber LLC							
2	(a)	7901 4th St N STE 300 (b) 7901 4th St N STE 300							
	,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<del></del>		Mailing address of limited	Itmited liability company: E POST OFFICE BOX)			
		St. Petersburg FL 33702	_	St. Peterst	burg FL 33702	_			
7		04/27/2023  Date of filing/registration in Florida		L23000207					
3.		Date of Hing/registration in Pionica	4.		Document number				
5. (	(a) GARNER, RICHARD  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:								
		3727 EXUMA WAY							
		Registered Office Address (MUST BE FLORIDA STREET A.	_						
		NAPLES .FL_	34119		- - <u>E</u> j	~ [;	7824 OCT 28		
	(b)	Northwest Registered Agent LLC				¥Z	පු	<u>₩</u>	
	10)	Enter name of NEW Registered Agent and/or NEW Registered C	Office a	ddress:			[ 28 PM	PPROVEL AND FILED	
		7901 4th St N				ĆΩ.		Ć	
		NEW Registered Office Address:			<u></u>	t	မှာ		
		STE 300		<del></del>	- -	==1	2		
		St. Petersburg . FI.	33702	13-13-13	_				
the age wa	cha ent w s/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the reg bility of the lin	istered offic company, it i mited liabilit	e and the business of is hereby confirmed the ty company or as other	fice hat t	of the the ch	e registered lange(s)	
— <u>.</u>	lignal	une of a member or authorized representative of a member	<u>Na</u>	(Smith	Printed or typed name o	f sig	nce		
pro the to	ovisio obli mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided the reflect a change in the registered office address. The I in writing of this change.  Taylor Newman - Assistant Ser	perfort För in erchy	et in this cap nance of my Chapter 60, confirm that	oacity. I further agree duties, and I am fami 5, F.S. Or, if this doc the limited liability c	to Tiar ume ony	comp with ant is pany l	ly with the and accept being filed has been	