Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations Fax Number : (850)617-6383 From: Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442 OF*Enger the email address for this business entity to be used for future Internal report mailings. Enter only one email address please.** Computer to be used for future Internal Address: Computer to be used for future Internal Address: Computer to be used for future Internal Address please.** Computer to be used for future Internal Address please.** Computer to be used for future Internal Address please.** Computer to be used for future Internal Address please.** Computer to be used for future Internal Address please.** Computer to be used for future Internal Address please.** Computer to be used for future Internal Address please.** Computer to be used for future Internal Address please.** Computer to be used for future Internal Address please.** Computer to be used for future Internal Address please.** Computer to be used for future Internal Address please.** Computer to be used for future Internal Address please.**		MICHASHE	HC	
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Electronic Filing Menu

Estimated Charge

Corporate Filing Menu

Help

K. SALY MAY - 8 2024

\$25.00

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. Na	ime of the limited liability company:			
2. (a)	10671 SW Hensley Street		(b) 10671 SW	Hensley Street
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	. ,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Port St. Lucie, FL 34987	- -	Port St. Lu	cie, FL 34987
	04/28/2023		L230002099	83
3. 5. (a)	Date of filing/registration in Florida LEGALINC CORPORATE SERVICES INC.	4.		Document number
J. (M)	Registered Agent and Registered Office shown on the records of the 476 Riverside Ave.	e Flor	da Dept, of Stat	
	Registered Office Address (MUST BE FLORIDA STREET A	DDRE	SSI	TALLAH TALLAH
	Jacksonville , FL	32202		ASS
(b)	Corporate Creations Network Inc.	_		PM 5: 02
	Enter name of NEW Registered Agent and/or NEW Registered C	Office	address:	02 Nor
	801 US Highway 1			
	NEW Registered Office Address:			•
	North Palm Beach , FL	3408		-
change agent w was/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the reall be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	egiste ility (the li	red office and company, it is mited liability	d the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in
	Kristen Espinales	K	isten Espinale:	s, Attorney-in-Fact
Signati	ure of a member or authorized representative of a member			Printed or typed name of signee
provisio the obli to mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete point gations of my position as registered agent as provided by reflect a change in the registered office address, I he is in writing of this change.	e to a erfori for in reby	ct in this cape nance of my c Chapter 605 confirm that t	icity. I further agree to comply with the luties, and I am familiar with and accept , F.S. Or. if this document is being filed the limited liability company has been

Signature of Registered Agent