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Account Number: 110432003053 Phone: (561)694-8107 Fax Number: (561)214-8442 Comparison of the email address for this business entity to be used for
Phone : (561)694-8107
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Account Name : COMPUTERSHARE

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K. SALY

02

MAY - 8 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 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.

2. (a)	115 NE 12 ST		(b) 115 NE	E 12 ST
()	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)
	Homestead, FL 33030	_	Homest	tead. FL 33030
	05/01/2023		L230002	14443
3. 5. (a)	Date of filing/registration in Florida LEGALINC CORPORATE SERVICES INC.	4.	Document number	
	Registered Agent and Registered Office shown on the records of the 476 Riverside Ave.	ne Fla	rida Dept. of :	
	Registered Office Address (MUST BE FLORIDA STREET A	DDR	ESS)	ZIRA HAY -8 PH 5: 01 SECRETARY SEE: PLOWING
	Jacksonville , FL	3220	2	- A-8
	Corporate Creations Network Inc.			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered 6</u>	Office	address:	O O O O O
	801 US Highway 1			- ^
	NEW Registered Office Address:			
	North Palm Beach , FL	3340	3	
change agent w was/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liability that is an affirmative vote of the members of cles of organization or the operating agreement of the liability and the second street and the second seco	egist oility the l	ered office company, i imited liab	and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in
Kristen Espinales			risten Espin	ales, Attorney-in-Fact
Signat	Signature of a member or authorized representative of a member			Printed or typed name of signee
provision the obli to mere	by accept the appointment as registered agent and agre- ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I he I in writing of this change.	e to e erfor for it ereby	ict in this commance of m in Chapter 6 confirm th	apacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed at the limited liability company has been

Kristen Espinales Kristen Espinales, Special Secretary

Signature of Registered Agent