## Florida Department of State

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		41 tage	the email address for this business entity to be used for futu	urair.	
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K. SALY

MAY - 9 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)	4050 Claremont Drive	(	4050 (	Claremont Drive	
<b>-</b> . ( <del>-</del> )	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
	New Port Richey, FL 34652	<del></del>	New P	fort Richey, FL 34652	
	05/01/2023		L230002	214779	
<ul><li>3.</li><li>5. (a)</li></ul>	Date of filing/registration in Florida LEGALINC CORPORATE SERVICES INC.			Document number	
(u)	Registered Agent and Registered Office shown on the records of the 476 Riverside Ave.	State:			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES	D.	2024 HAY TALLAH	
	Jacksonville, FL_	32202		—	
(b)	Corporate Creations Network Inc.			PH 4: 18	
	Enter name of NEW Registered Agent and/or NEW Registered	CON F.			
	801 US Highway 1		- <b>δ δ</b>		
	NEW Registered Office Address:				
	North Palm Beach , FL	33408			
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the rwill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	register bility co the lin	ed office impany, iited liat	e and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in	
	Kristen Espinales	Kri	ten Espi	nales. Attorney-in-Fact	
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee	
provisi the obl to mere	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I ha d'in writing of this change.	e to actory perform for in ( ereby c	in this of ance of a Chapter Infirm th	capacity. I further agree to comply with the my duties, and I am Jamiliar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been	

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314

Kristen Espinales, Special Secretary

Kristen Espinales

Signature of Registered Agent