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Division of Corporations

Fax Number : (850) 617-6383

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Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 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 EVERYWHERE ADVENTURES LLC

Certificate of Status	0
Certified Copy	0
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K. SALY

MAY 2 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 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. N	ame of the limited liability company: Everywhere Ad-	venture	s LL	LC	
2. (a)	2002 Chickwood Ct		(h	b) 2002 Chickwood Ct	
(-/	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0	Mailing address of limited lia (Note: MAY BE POST Of	, , ,
	Tampa, FL 33618			Tampa, FL 33618	
	05/12/2023		I	L23000234606	
3.	Date of filing/registration in Florida LEGALINC CORPORATE SERVICES INC.	4.	-	Document number	
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 476 Riverside Ave.  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			S) = 29	2824 HAY 22
	Jacksonville, F		)2	——————————————————————————————————————	H 22
(b)	Corporate Creations Network Inc.  Enter name of NEW Registered Agent and/or NEW Registered 801 US Highway 1	ed Offic	e add	ddress:	MAY 22 PM 2: 27
	NEW Registered Office Address:				
	North Palm Beach, F		8	<del></del>	
change agent v was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	ie regis liability of the	tere cor limi	ed office and the business office of to company, it is hereby confirmed that in the liability company or as otherwi	he registered the change(s)
	Kristen Espinales	1	Krist	sten Espinales, Attorney-in-Fact	
Signa	ture of a member or authorized representative of a member	-		Printed or typed name of sig	nec
provisi the obi to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address, I din writing of this change.	gree to e perfo ed for hereb	act i rma in Ci y coi	t in this capacity. I further agree to ance of my duties, and I am Jamiliar Chapter 605, F.S. Or, if this docume onfirm that the limited liability comp	comply with the with and accept ent is being filed oany has been
	Kristen Espinales Kristen Espinales, Special Secretary				

Signature of Registered Agent