Division of Corporations

Florida Department of State

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

Fax Number

: (307)200-2803 : (813)436-5206

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LLC REGISTERED AGENT CHANGE JOELINDA LLC

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K. SALY

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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 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	une of the limited liability company:			
2. (a)		(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	05/16/2023	 	230002416	570
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	INC AUTHORITY RA			_
	Registered Agent and Registered Office shown on the records of			
				7:5
	Registered Office Address (MUST BE FLORIDA STREET)	(DDRESS)		FÖ 🖫 T
	390 NORTH ORANGE AVE., STE 2300-N			FILE SECRETARIASS TALLAHASS
	ORLANDO	32801		THAN IN A
		' 		
(b)	Northwest Registered Agent LLC			FLO B
	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:	2 - Z
	7901 4th St N			~
	NEW Registered Office Address:	•		-
	STE 300			_
	St. Petersburg	33702		_
the cha agent v was/wa the art	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	the regist ability cor of the limi	ered officen pany, it it ted liabilit	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
11	ture of a member or authorized representative of a member	Nat S	mith	
_	·			Printed or typed name of signee
provisi the ob- to mer-	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I id in writing of this change.	ree to act i performa d for in C hereby co	in this cap nce of my hapter 602 nfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5. F.S. Or, if this document is being filed the limited liability company has been
-//-	Taylor Newman - Assistant Se	ecretary		