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From:	Account Name Account Number	: COMPUTERSHARE r : 110432003053 : (561)694-8107 : (561)214-8442			
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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.

a) 2	856 Chipley St E		(b) 856 Chipley St E	
	Principal office address of limited liability company: ( <u>Note: MUST BE STREET ADDRESS</u> )	(-)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Lehigh Acres, FL 33974	L	.ehigh Acres, FL 33974	
	05/17/2023	L2	3000243140	
	Date of filing/registration in Florida	4.	Document number	
(a)	LEGALINC CORPORATE SERVICES INC.			
-,	Registered Agent and Registered Office shown on the records 476 Riverside Ave.	of th <del>e</del> Florida D	ept. of State:	
	Banistand Office Address - AHUST BE ELADID & STREE	T 10000000		
	Registered Office Address (MUST BE FLORIDA STREE	<u>[ ADDKESS]</u>		
	Jacksonville	FL		
b)			(j)	
b)	Jacksonville,	FL_32202		
Ե)	Jacksonville Corporate Creations Network Inc.	FL_32202		
b)	Jacksonville Corporate Creations Network Inc. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	FL_32202	= :	

was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Kristen Espinales

Signature of a member or authorized representative of a member

Printed or typed name of signee

Kristen Espinales, Attorney-in-Fact

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 **FILING FEE: \$25.00** 

Kristen Espinales Kristen Espinales, Special Secretary