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Division of Corporations

Fax Number : (850) 617-6383

From:

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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.

(a)	13194 Green Violet Drive		(b)	13194 G	ireen Violet Drive
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(-)		Mailing address of limited liability compan (Note: MAY BE POST OFFICE BOX)
	Riverview, FL 33579	-		Riverviev	w, FL 33579
	05/17/2023		L	23000243	3631
(a)	Date of filing/registration in Florida LEGALINC CORPORATE SERVICES INC.	4.	_		Document number
, w <i>j</i>	Registered Agent and Registered Office shown on the records of the Florida Dept. of Sta 476 Riverside Ave. Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				Tale:
	Jacksonville FL	32202			
(b)	Corporate Creations Network Inc.				(
-, ,	Enter name of NEW Registered Agent and/or NEW Registered (Office a	dd	<u>ress</u> :	-
	801 US Highway I				5 7
	NEW Registered Office Address:				FILED THE 23 AM IO: III
	North Palm Beach , FL	33408			AM IO: III
nge nt w /we	mited liability company is not organized under the laws or changes are made, the Florida street address of the rail be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	egiste oility o the li	red con mit	l office a npany, it ed liabili	and the business office of the registers t is hereby confirmed that the change lity company or as otherwise provided
	Kristen Espinales	Kr	riste	n Espinal	iles, Attorney-in-Fact
znati	ure of a member or authorized representative of a member				Printed or typed name of signee
	y accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I ha	e to a	ct ii	n this cap	ipacity. I further agree to comply with

Signature of Registered Agent