## Florida Department of State 202 Division of Corporations Division of Corporations Division of Corporations Division of Corporations

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To:	Division of Co	rnorations		
		: (850)617-6383	2023 JUH	
From:			٠٠٠	
	Account Name	: REGISTERED AGENTS INC.	ζ-	
	Account Number	: I20090000081		
	Phone	: (307)200-2803	<u></u>	
	Fax Number	: (855)330-1010	P	:
			رب	
		this business entity to be used for future Enter only one email address please.**		

## LLC REGISTERED AGENT CHANGE LK & ASSOCIATE MANAGEMENT SERVICES L.L.C.

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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.

2. (a)		(h)	
•• •••	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	05/25/23	L230	00257202
<b>3</b> .	Date of filing/registration in Florida	4.	Document number
5. (a)	METCALF, LILLY K		
, (a)	Registered Agent and Registered Office shown on the records of	of the Florida Dept.	of State:
	111 NORTH ORANGE AVENUE 800		
	Registered Office Address (MUST BE FLORIDA STREET	FADDRESS)	<del></del>
	ORLANDO . F	32801	2023 .
(b)	Registered Agents Inc		2023 JUH 14
(,	Enter name of <u>NEW Registered Agent</u> und/or <u>NEW Registered</u>	ed Office address:	· · · · · · · · · · · · · · · · · · ·
	7901 4th St N		<u>P</u> 5:
	NEW Registered Office Address:		<u> </u>
	STE 300		· <del>u</del>
	St. Petersburg	33702 L	
he cha igent v vas/we	imited liability company is not organized under the lange or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the registered liability compa- s of the limited liabili le limited liabili	d office and the business office of the registereny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.
Sima	ture of a member or authorized représentative of a member	Robin Jon	Printed or typed name of signee
l herei	by accept the appointment as registered agent and ay ons of all statutes relative to the proper and complet igations of my position as registered agent as provid tly reflect a change in the registered office address, i	te performance	ais capacity. I further agree to comply with the