

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.

L Na 2. (a)	me of the limited liability company:				
. (a)	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)	(0)	Mailing address of fimited liability	Mailing address of finited liability company: (Note: MAY BE POST OFFICE BOX)	
	05/30/2023		000262304		
	Date of filing/registration in Florida	4.	Document number		
. (а) (b)	SAUNIER VARELA, CARLOS A				
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
	1728 NE MIAMI GARDENS DR				
	Registered Office Address <u>(MUST BE FLORIDA STREE)</u>	<u>l'ADDRESS)</u>	з. ТАТ ТАТ	2	
	NORTH MIAMI BEACH	тL <mark>33179</mark>			
	Northwest Registered Agent LLC			•	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :		<u>.</u>		
	7901 4th St N			5	
	NEW Registered Office Address:				
	STE 300				
	St. Petersburg	ч33702			
ie cha gent v ras/we	imited liability company is not organized under the linge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the registere liability comp s of the limited	ed office and the business office of (any, it is hereby confirmed that the Hiability company or as otherwise [the register change(s)	
Â	No Smith	Nat Sr	nith		
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee		

Signature of a member or authorized representative of a member

Taylor Newman

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 protein writing of this change.

Signature of Registered Agent

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

- Assistant Secretary

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