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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)		(ծ		
	Principal office address of limited liability company (<u>Note: MUST BE STREET ADDRESS</u>)	¢.	Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BOX</u>)	
	7901 4th St N STE 300		7901 4th St N S	TE 300
	St. Petersburg FL 33702		St. Petersburg F	L 33702
	05/31/23		L23000263563	
	Date of filing/registration in Florida	4.	Doc	ument number
. (a)	REGISTERED AGENT SOLUTIONS, INC.			
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State			
	2894 REMINGTON GREEN LN. STE. A			
	Registered Office Address (MUST BE FLORIDA STR	EET ADDRESS	<u> </u>	
			2	2024
	TALLAHASSEE			2024 NOV
(b)	TALLAHASSEE			/20
(b)		FL_32308		
(b)	Registered Agents Inc	FL_32308		
(b)	Registered Agents Inc Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regi</u>	FL_32308		
(b)	Registered Agents Inc Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regis</u> 7901 4th St N	FL_32308		

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.

Robin poner	Robin Janes
Signature of a member or authorized representative of a member	Printed or typed name of signee

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.

Dund Recents **David Roberts** - Assistant Secretary

Signature of Registered Agent

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