Division of Corporations

Division of Corporations Electionic Filling Cover Spee

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

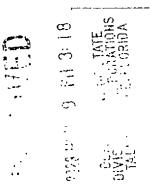
: (307)200-2803

Phone Fax Number

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Email	Address:		



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T. LEMIEUX

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Corporate Filing Menu

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To 18506176383

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From: Registered Agents Inc

Fax: 8134365206

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	une of the limited liability company:				
2. (a)		(i)	b)	1	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	06/01/23	_		396	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	RESCH, PETER				
D. (41)	Registered Agent and Registered Office shown on the records of	te:			
	322 E. CENTRAL BLVD				
	Registered Office Address (MUST BE FLORIDA STREET)	- √,			
	APT 913	_			
	ORLANDO, FL	32801		- 79 - 79	
	Northwest Registered Agent LLC			- :	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office ac	ldress:	_ ``	
	Effet hame of AEAA Registered Agent and of IAEAA Registered	CHINC AC	idi caa		
	7901 4th St N			- · · · · · · · · · · · · · · · · · · ·	
	NEW Registered Office Address:		. <u> </u>	- · · · · · ·	
	STE 300			_	
	St. Petersburg, FL	33702		_	
the cha agent v was/we	imited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regi ability c of the lin	istered offic ompany, it : nited liabili	ee and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in	
	Nat Smith	Nat	Smith		
-	ture of a member or authorized representative of a member			Printed or typed name of signee	
provisi the obl to mere	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have writing of this change. Taylor Newman Assistant Se	perforn d for in hereby c	t in this cap nance of my Chapter 60, confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	
	Taylor Newman - Assistant Se	ecretary			