Florida Department of State Division of Comporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

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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.

3 (41. X	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(h)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	06/06/23		000273199
3.	Date of filing/registration in Florida	4.	Document number
	BICHARDS JOEL	٠,	Document number
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida Deni	L of State
	124 HARLEY TERRACE	. the Frontia Bep	i. of state.
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	negative to the familiary and		
	LABELLE FI	33935	
	Registered Agents Inc		20
(b)	Enter name of NEW Registered Agent and/or NEW Registered	d Office address	2023 JUH -7
	7901 4th St N		
	NEW Registered Office Address:		AH
	STE 300		
	St. Petersburg	33702	
the cha agent was/w	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the registere iability compa of the limited	d office and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in
	Rebini Janey	Robin Jor	*****
	stare of a member or authorized representative of a member		Printed or typed name of signee
provis the ob	by accept the appointment as registered agent and ag ions of all statules relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I	? performance ed for in Chap	r of my duties, and I am familiar with and accept over 605, F.S. Or, if this document is being filed
nonifie Ma Ma	d in writing of this change.		

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