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Special Instructions to F	Filing Officer:					
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		CERTIFIED COPY		
	XX	РНОТОСОРУ		
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	XX	FILING	CHANGE OF RA	
1.		K.A OF LIBERTY, LLC (CORPORATE NAME AND DOCU:	MENT#)	
2.		(CORPORATE NAME AND DOCU)	MENT#)	
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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)	Vame of the limited liability company: 13108 LAKESHORE GROVE DR. Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b) 13108 LAKESHORE GROVE DR. Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
					
	WINTER GARDEN, FL 34787			ARDEN, FL 34787	
				<u> </u>	
	6/20/2023		L2300029643	3	
3.5. (a)	Date of filing/registration in Florida Telos Legal Corp.	4.	Ε	Occument number	
J. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 155 Office Plaza Dr.		Dept. of State:		
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS	!		
	Tallahassee	FL_32301		2024 SI	
(b)	Drummond Consulting LLC			\frac{\text{F}}{-\text{T}}	
ζ-,	Enter name of NEW Registered Agent and/or NEW Registe	red Office add	Iress:	ILED	
	601 BRICKELL KEY DR. SUITE 901			FILED 2024 SEP 16 AM 10: 3	
	NEW Registered Office Address:				
	MIAMI	FL_33131			
change agent v was/we the arti	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the street in the case of organization or the operating agreement of the operating agreement of the case of organization or the operating agreement of the operatin	the registere I liability co rs of the lim	d office and mpany, it is l ited liability	the business office of the registered nereby confirmed that the change(s) company or as otherwise provided in	
	dishel de Aunoriun	Mich	nel de Amorin	<u></u>	
-	ture of a member or authorized representative of a member			Printed or typed name of signee	
provisi the obl to mer	by accept the appointment as registered agent and cions of all statutes relative to the proper and completigations of my position as registered agent as proviely reflect a change in the registered office address, d in writing of this change.	agree to act ste performa ided for in C I hereby co	in this capac nce of my du hapter 605, , nfirm that th	aty. I further agree to comply with the aties, and I am familiar with and accept F.S. Or, if this document is being filed e limited liability company has been	

Signature of Registered Agent

Michael & Amorum