(2300031345)

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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 840068 768142

AUTHORIZATION :

COST LIMIT : \$ 25.0

ORDER DATE: December 16, 2024

ORDER TIME : 12:14 PM

ORDER NO. : 840068-038

CUSTOMER NO: 7681421

CHANGE OF AGENT

NAME: DON'T MISS A BEAT HOLDINGS,

LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller -- EXT#

EXAMINER: ____

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Fursuant 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.

1. N	ame of the limited liability company: DON'T MISS A	BEAT	IOLDII	NGS, LLC
2. (a)				
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		· / <u></u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1683 NORTH HANCOCK ROAD, SUITE 103-170		168	83 NORTH HANCOCK ROAD, SUITE 103-170
	MINNEOLA, FL 34715		MIN	NNEOLA, FL 34715
	06/30/2023		L23(3000313452
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
J. (u)	Registered Agent and Registered Office shown on the records of ASSURED COMPLIANCE SERVICES, LLC	the Flori	da Dept.	ı. of State:
	Registered Office Address (MUST BE FLORIDA STREET) 1615 WOODWARD STREET	ADDRES	<u>55)</u>	
	ORLANDO FL	32803		ZOZH DEC
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	<u>ddress</u> :	<u> </u>
	Corporation Service Company			
	NEW Registered Office Address:			्रा ्रा
	1201 Hays Street			
	Tallahassee FL	32301		
chang agent was/w	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	registe ability o of the li	red off ompar mited I	fice and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
	<u>·</u>		Calandrino, Authorized Person	
_	ature of a member or authorized representative of a member			Printed or typed name of signee
provis the ob to mer	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I have a change in the registered office address, I have a change of this change.	ree to ac perforn d for in hereby c	et in the sance of Chapte confirm	nis capacity. I further agree to comply with the of my duties, and I am familiar with and accept ter 605, F.S. Or, if this document is being filed in that the limited liability company has been
Signati	ure of Registered Agent GF	RACE E	E. KIRI	BY, ASST. VICE PRESIDENT