Fax: 813436520

## Florida Department of State Division of Corporations

**Division of Corporations** 

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

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tinter the email address for this business entity to be used for future cannual report mailings. Enter only one email address please.\*\*

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## LLC REGISTERED AGENT CHANGE SOJOURN WHOLESALE LLC

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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

	ame of the limited liability company:		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	07/03/23		000316893
3.	Date of filing/registration in Florida REPUBLIC REGISTERED AGENT LLC	4.	Document number
(b)	Registered Agent and Registered Office shown on the records of 1150 NW 72ND AVE TOWER I  Registered Office Address (MUST BE FLORIDA STREET)  STE 455  MIAMI F  Northwest Registered Agent LLC  Enter name of NEW Registered Agent and/or NEW Registered 7901 4th St N	if the Florida De (ADDRESS) L 33126	pt. of State.
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg, F	33702 L	
the chagent was/w the ar	limited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	aws of the Su of the register liability comp of the limited	ed office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in ility company.

NONT GROUPEN	Nat Smith
Signature of a member or authorized representative of a member	Printed or typed name of signee

Thereby 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.

Taylor Newman - Assistant Secretary Signature of Registered Agent