Division of Corporations

Florida Department of State Division of Carporations

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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 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	<u> </u>	

LLC REGISTERED AGENT CHANGE KINGS BUD ENTERPRISE 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 Florida.

1. N	ame of the limited liability company:					<u></u>	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
•	07/04/23 Date of filing/registration in F			30003224			
3.		юнаа	4.		Document number		
5. (a)	* * * * * * * * * * * * * * * * * * * *						
	Registered Agent and Registered Office shown 1861 NW 461H AVE	on the records	s of the Florida D	ept, of State	e.		
	Registered Office Address IMUST BE FLO	-	-				
	E306						
	LAUDERHILL		FL_33313		A. (1912)	333	
(b)	Registered Agents Inc				18006 - 1800 - 1	, F.	
	Enter name of NEW Registered Agent and/or	NEW Registe	red Office addre	<u>'55</u> :			
	7901 4th St N		- ** *********************************				
	NEW Registered Office Address:				>		
	STE 300			_ ~~ .	1		
	St. Petersburg		FL				
he cha igent v vas/we he arti	imited liability company is not organized ingo or changes are made, the Florida strail be identical. Or, in the case of a Florere authorized by an affirmative vote of icles of organization or the operating agran.	reet address rida limited the member reement of t	of the registe Hiability com rs of the limite	red office pany, it is ed liability pility com	e and the business office of t s hereby confirmed that the c y company or as otherwise p	he registered change(s)	
Signa	The tree for which the ture of a member of authorized representative of a	a member			Printed or typed name of signee		
l here provisi he obl o mere totifice	hy accept the appointment as registered ions of all statutes relative to the proper ligations of my position as registered agely reflect a change in the registered office in writing of this change.	avent and a	agree to act in ete performan ded for in Ch I hereby con,	this cape ce of my e apter 605 firm that i	acity. I further agree to com	ply with the h and accept s being filed has been	
a.)0/0	David Roberts	- Assistan	t Secretary				