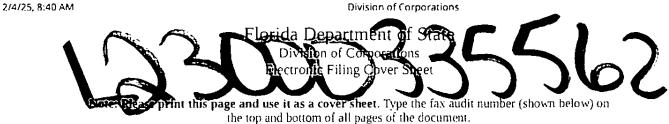
To: 18506176383

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Fax: 8134365206

Division of Corporations



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 : (813)436-5206 Fax Number

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

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LLC REGISTERED AGENT CHANGE SILKHEAD KIDS, 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:	3, LLC 		
2. (a)			(b)	
	Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited fiability company: (Note: MAY BE POST OFFICE BOX)
	7901 4th St N STE 300		7901 4th 3	St N STE 300
	St. Petersburg FL 33702		St. Peters	burg FL 33702
	07/17/23		L23000335	562
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	INC AUTHORITY RA			
(b)	Registered Agent and Registered Office shown on the records of			
	390 NORTH ORANGE AVE.			_
	Registered Office Address (MUST BE F LORIDA STREET ADDRESS)		#a 2	
	STE 2300-N			- S
	ORLANDO . FI	L32801		FIL 025 FEB -4 SECRETAR SALVANIAN
	Registered Agents Inc			
	Enter name of NEW Registered Agent and/or NEW Registered Office address:		9.	
	7901 4Ih St N			ê
	NEW Registered Office Address:			
	STE 300	J		-
	St. Petersburg	L_33702		
the cha agent v was/wo the arti	imited liability company is not organized under the lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the florida member or authorized representative of a member by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide by reflect a change in the registered office address. I	ws of the fine regisability of the ling of	istered offic company, it is mited liabilit liability cor	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in appany. Robin Jones Printed or typed name of signee
noupe	d in writing of this change. Darld Roberts - Assistant S			
Signatu	re of Registered Agent			