Division of Corporations

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To:

Division of Corporations

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: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 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:

PARTIES AND STATE OF TAIL OF T

LLC REGISTERED AGENT CHANGE TODD ANTHONY ENTERPRISES 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. 8 | Same of the limited liability company. | d Anthony Enterprises LLC | |
|---------------------------------------|---|---|--|
| 2. (a. | | | |
| | Principal office address of limited hability (Note: MUST BE STREET ADDR | company: | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | 08/17/23 | | 3000387167 |
| 3. | Date of filing/registration in Flo | | Document number |
| _'. | , , | iida - | Document number |
| 5. (a | ************************************** | | |
| | Registered Agent and Registered Office shown on | the records of the Fforida D | ept, of State |
| | 21071 SAN SIMEON WAY #112 | - | |
| | Registered Office Address (MUST BE FLORI | <u>DA STREET ADDRESS)</u> | |
| | MIAMI | | ~ |
| (h) | Registered Agents Inc | | APPRO PIL D23 AUG 21 |
| | Enter name of NEW Registered Agent and or NE | W Registered Office addre | 62 TAN |
| | 7901 4th St N | | |
| | NEW Registered Office Address | | |
| | STE 300 | | ് ് ക് |
| | St. Petersburg | . F1. 33702 | · |
| the chagent was/w | nange or changes are made, the Florida stree will be identical. Or, in the case of a Flori | et address of the registe da limited liability com e members of the limite | ate of Florida, it is hereby confirmed that after red office and the business office of the registered pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in oulity company. |
| | Today of Street, address of a member of a | Robin 3 | danes |
| Sign | rature of a member or authorized representative of a n | nember | Printed or typed name of signee |
| provi: the ol to me; natific | sions of all statutes relative to the proper a oligations of my position as registered agen rely reflect a change in the registered office of in writing of this change. | gent and agree to act in nd complete performan t as provided for in Ch e address, I hereby con | t this capacity. I further agree to comply with the ce of my duties, and I am familiar with end accept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been |
| urs 🔑 | David Roberts | - Assistant Secretary | |

Signature of Registered Agent

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