Fax: 8134365206

Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

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

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2/8/2024 07:25 98 PST - To: 18506176383 Page: 2/2 From: Registered Agents Inc Fax: 8134365206

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.

L N	ame of the limited liability company:	_C	
2. (a)		(b)	
	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	08/17/23	L2300	0387412
3.	Date of filing/registration in Florida	4.	Document number
5. (a	THE TAX OFFICE		
5. (a	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
	7545 CENTURION PKWY		
	Registered Office Address (MUST BE FLORIDA STREET)	(DDRESS)	
	303		
	JACKSONVILLE FI	32256	
			2024 FEB
(b)			<u> </u>
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	السائي السائي السائد
	7901 4th St N		8 PM
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg , F1.	33702	
the ch agent was/w the art	limited liability company is not organized under the lay ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liatere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registered ability compan of the limited li	office and the business office of the registered y, it is hereby confirmed that the change(s) lability company or as otherwise provided in
	ature of a member or authorized representative of a member		Printed or typed name of signee
There provis the ob to mer	thy accept the appointment as registered agent and agrifons of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I is d'in writing of this change.	performance a d for in Chapte hereby confirm	's canacity. I further agree to comply with the
	Taylor Newman - Assistant Source of Registered Agent	ecretary	