Florida Department of State

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

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

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LLC REGISTERED AGENT CHANGE SUNSHINE AQUAWASH LLC

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K. Brumbley

3/5/2024 **4**:26:43 PDT To: 18506176383 Page: 2/2 Fax 8134365206

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 603.0114 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. Sunshine Aquav	wash LLC	
2. (a)		(4)	
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	08/28/23	L 2300040	
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	UNITED STATES CORPORATION AGENTS, INC.		
	Registered Agent and Registered Office shown on the records of the Florida Dept. of States		
	476 RIVERSIDE AVE.		
	Registered Office Address (MUST BE FLORIDA STREE)	T ADDRESS)	•
	JACKSONVILLE	., 32202	
rb)	JACKSONVILLE	· [
	Northwest Registered Agent LLC		
11.,	Enter name of NEW Registered Agent and/or NEW Registered	ed Office address:	2024 AUG - 6
	7901 4th St N		
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg }	1L_33702	
the chagent was/w	limited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the registered of liability company, i s of the limited liabi	fice and the business office of the registered it is hereby confirmed that the change(s) fifty company or as otherwise provided in
/	The property of the control of the c	Nat Smith	
Signa	iture of a member or authorized representative of a member		Printed or typed name of signee
provis the ob- to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address, d in writing of this change.	gree to act in this e to performance of n led for in Chapter (I hereby confirm th	apacity. I further agree to comply with the ny duties, and I am familiar with and accept 505, F.S. Or, if this document is being filed at the limited liability company has been
<u> </u>	1 aylor Newman - Assistant	Secretary	
Signan	ire of Registered Agent		