Fax: 2083526281

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

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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.

l. Na	me of the limited liability company:				
2. (a)		(b)			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	7901 4th St N STE 300	7901 4th St N STE 300			
	St. Petersburg FL 33702	St. Petersburg FL 33702			
	09/05/23	L23000412753			
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	Lopez, Miguel Angel, Jr.				
(b) <u>.</u>	Registered Agent and Registered Office shown on the records of				
	491 LACKLAND ST SW				
	Registered Office Address (MUST BE FLORIDA STREET				
	PALM BAY FI	32908			
	Registered Agents Inc	2024 DEC			
	Enter name of NEW Registered Agent and/or NEW Registered	PEC -3			
	7901 4th St N	A PA ED CO			
	NEW Registered Office Address:		- C. C.		
	STE 300				
	St. Petersburg	33702			
the cha agent v was/we the arti	imited liability company is not organized under the lange or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited libere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	f the registered of lability company, of the limited liab	ffice and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in		
Signa	ure of a member of Authorized representative of a member		Printed or typed name of signee		
provisi the obl to mere notifice	by accept the appointment as registered agent and aging ons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I im writing of this change.	e performance of e ed for in Chapter hereby confirm t	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been		
رياللار ل	David Roberts - Assistant S	ecretary			