Division of Corporations

Florida Department of Star

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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

	nine of the limited liability company:		
(a)	Frincipal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	09/06/2023	L230	00414245
	Date of filing/registration in Florida	4.	Document number
(a)	FASTEREZ, GEORGE		
, ,	Registered Agent and Registered Office shown on the records of		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESSI	
	4301 S FLAMINGO RD STE 106-136		ZIZA JUN 25
	DAVIE FI	33330	24 JUN 25 AM 4: 17
	*	·	25
(b)	Registered Agents Inc Enter name of NEW Registered Agent and/or NEW Registered	d Office address:	A FLOR
	and plante or New Registered Agent and the W Registere	<u>g omee aggress</u> .	
	7901 4th St N		
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg	33702	
cha nt v 5/wc	imited liability company is not organized under the la inge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited l ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	iws of the State of the registered lability compa- of the limited	d office and the business office of the registe ny, it is hereby confirmed that the change(s) liability company or as otherwise provided i ity company.
; ./	ture of a member or authorized representative of a member		Printed or typed name of signee
		waa ta aat in d	his capacity. I further agree to comply with