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To:

Division of Corporations

Fax Number : (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:	

LLC REGISTERED AGENT CHANGE 3 O'S APPLIANCE PARTS & APPLIANCE SALE, LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$25.00

K. SALY

AUG 3 0 2024

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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. Nai	ne of the limited liability company: 30 s App	liance Parts	s & Appliance Sales
2. (a) _	Principal office address of limited liability company:	(p)	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)
ı	09/22/23	L23	000442113
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	INC AUTHORITY RA		
	Registered Agent and Registered Office shown on the records of a	he Florida Dept. ot	State:
	390 NORTH ORANGE AVE., STE 230	00-N	r~3
	Registered Office Address (MUST BE FLORIDA STREET A	THE COMMENTS OF THE COMMENT OF THE C	
	ORLANDO, FL	32801	THE 23 M
(b)	Registered Agents Inc		STEP 15
,	Enter name of NEW Registered Agent and/or NEW Registered	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	7901 4th St N		
	NEW Registered Office Address:		-
	STE 300		
	St. Petersburg	33702	
he char igent w was/wei	mited liability company is not organized under the law age or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of thes of organization or the operating agreement of the	the registered o bility company, f the limited lial	ffice and the business office of the registere, it is hereby confirmed that the change(s) bility company or as otherwise provided in
		Robin Jo	•
Signatu	ire of a member or authorized representative of a member		Printed or typed name of signce
provisió he oblic o merei natified	y accept the appointment as registered agent and agr ins of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I f in writing of this change.	performance of I for in Chapter acreby 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 that the limited liability company has been
11d D-6	David Roberts - Assistant	Secretary	

Signature of Registered Agent