Division of Corporations

Florida Department of State Dixiston of Carporation

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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

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	 	
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LLC REGISTERED AGENT CHANGE PLANT MD LLC

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Corporate Filing Menu

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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. No	ame of the limited liability company:	
2. (a)		(b)
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of fimited liability company: (Note: MAY BE POST OFFICE BOX)
	1501 Venera Avenue Suite 222	1501 Venera Avenue Suite 222
	Coral Gables Florida 33146	Coral Gables FL 33146
	11/02/2023	L23000498546
3.	Date of filing/registration in Florida	4. Document number
\$ (m)	MACHADO, JACQUELINE	
5. (a)	Registered Agent and Registered Office shown on the records of t	
	•	·
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)
	2519 TIGERTAIL AVENUE	
	MIAMI , FL	207
	Northwest Registered Agent LLC	1 Office address:
(b)	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:
	Enter name of NEW Registered Agent and/of Staty Registered	u ことを
	7901 4th St N	PH C
	NEW Registered Office Address:	
	STE 300	5 ት
	St. Petersburg, FL	
the cha agent was/wa the art	ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lizere authorized by an affirmative vote of the members of ieles of organization or the operating agreement of the	ws of the State of Florida, it is hereby confirmed that after f the registered office and the business office of the registere iability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in a limited liability company.
11	ture of a member of authorized representative of a member	Nat Smith
		Printed or typed name of signee
provisi the obt to mer	by accept the appointment as registered agent and agr ions 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 l d in writing of this change.	ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accessed for in Chapter 605, F.S. Or, if this document is being file hereby confirm that the limited liability company has been
- / V~	Taylor Newman - Assistant Se	ecretary
Signatu	ire of Registered Agent	