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2/12/2024 07 55:47 PST , To 18506176383 Page: 2/2 From: Repistered Agents Inc Fax: 8134365206

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LAMITED LIABBLITY 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

Principal office address of limited liability company: (Note: MIST BE STREET ADDRESS) Date of tiling/registration in Florida 4. Document number 5. (a) PARRISH, JOHN R Registered Agent and Registered Office shown on the records of the Florida Dept. of State. 314 E. CRUTLENDEN STREET Registered Office Address (MIST BE FLORIDA STREET ADDRESS) GROVELAND FI. 34736 CROVELAND FI. 34736 C	2. (a)		(b)	
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provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is a merely reflect a change in the registered office address. I hereby confirm that the limited liability company by active in writing of this change. David Roberts - Assistant Secretary	Lherel	by accept the appointment as registered agent and a	igree to act in thi	is capacity. I further agree to comply with to of my duties, and I am familiar with and acc

Signature of Registered Agent