Division of Corporations



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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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LLC REGISTERED AGENT CHANGE P3 DRIVEN, LLC

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T. LEMIEUX NOV 29 2023

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

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)
	11/16/23	L23000	0519596
3.	Date of filing/registration in Florida	4.	Document number
5. (n)	STEGMAN, ISABEL M		
	Registered Agent and Registered Office shown on the records of	f the Florida Dept. (of State.
	13818 SW 152N STREET 339		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
	MIAMI		···
	MIAMI	L	<u></u>
	Registered Agents Inc		
(b)	Enter name of NEW Registered Agent and/or NEW Registere	d Office address	
	7901 4th St N		
	NEW Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	
	STE 300		
	St. Petersburg	33702	Ξ
		L	<u> </u>
he cha igent w was/we	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 I are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	f the registered iability company of the limited lia	office and the business office of the registe y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
	ture of a member or authorized representative of a member	Robin Jones	s
Signat	ture of a member or authorized representative of a member		Printed or typed name of signee
-			
I herel provisi the obli to mere	by accept the appointment as registered agent and ag 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 I in writing of this change.	rce to act in this e performance o ed for in Chapte hereby confirm	s capacity. I further agree to comply with f my duties, and I am familiar with and ac r 605, F.S. Or, if this document is being fi that the limited liability company has bee

Signature of Registered Agent