Division of Corporations

Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

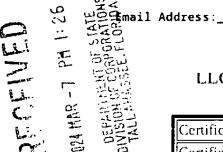
Account Number : I20090000081

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LLC REGISTERED AGENT CHANGE SHEKINA GLORY LLC

Certificate of Status	0
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B. R - 8 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. N	ame of the limited liability company:	ory LLC	
2. (a)		(b)	
	Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	11/30/23	L23	3000532916
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	REGISTERED AGENT SOLUTIONS, INC.		
	Registered Agent and Registered Office shown on the reco	ords of the Florida Dep	ept, of State
	2894 REMINGTON GREEN LN.		
	Registered Office Address IMUST BE FLORIDA STE	REET ADDRESS)	
	STE. A		207
	TALLAHASSEE	FL 32308	2024 MAR -7 SECTALLAHA
(b)	Registered Agents Inc		AR-7 AMIO
	Enter name of NEW Registered Agent and/or NEW Regi	stered Office address	W. A. T.
	7901 4th St N		AMIO: 29
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg	, FL	
the cha agent v was/wa	imited liability company is not organized under the image or changes are made, the Florida street addrewill be identical. Or, in the case of a Florida limiter authorized by an affirmative vote of the membieles of organization or the operating agreement (ess of the registere ted liability comp bers of the limited	red office and the business office of the registered bany, it is hereby confirmed that the change(s) d hability company or as otherwise provided in
	ture of a member or authorized representative of a member	Robin Jo	ones
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obl to mere	ions of all statutes relative to the proper and com	plete performance	this capacity. I further agree to comply with the w of my duties, and I am familiar with and accept pter 605, F.S. Or, if this document is being filed irm that the limited liability company has been
Date	David Roberts - Assist	ant Secretary	

Signature 61 Registered Agent