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Division of Corporations

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: (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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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:		<u>. </u>	·		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) _	(b)			
	01/03/24		000008336			
3.	Date of filing/registration in Florida	4.	Docume	nt number		
5. (a	PARKER, RAMOIS					
, , ,	Registered Agent and Registered Office shown on the records of 6787 SANDLE DRIVE					
	Registered Office Address [MUST BE FLORIDA STREET]	<u> FADDRESS)</u>		٠,	ڊ پيسيو	
	JACKSONVILLE	L 32219				
(b)	Northwest Registered Agent LLC			7 3	1	
	Enter name of NEW Registered Agent and/or NEW Registered	ed Office addre	<u>ss</u> :	••	<u>.</u> .	1
	7901 4th St N			· = :	64.44.44	·
	NEW Registered Office Address:			•	`-	
	STE 300					
	St. Petersburg	L				
the ch agent was/w	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited tere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the registe liability com s of the limite	ed office and the loany, it is hereby of d liability compan	business office of confirmed that the	of the reg ne chang	gistered e(s)
	1 Gement we	Nat Sm	th			
	ature of a member or authorized representative of a member			typed name of sign		
provis the ob to mei	thy accept the appointment as registered agent and a sions of all statutes relative to the proper and complet digations of my position as registered agent as provid tely reflect a change in the registered office address, ad in writing of this change.	te performan led för in Ch I hereby conj	this capacity. I five of my duties, an open 605, F.S. Or irm that the limite	inther agree to cond I am familiar r, if this docume ed liability comp	romply w with and nt is beir any has	rith the lacceping filed been
1	Taylor Newman - Assistant	Secretary				