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

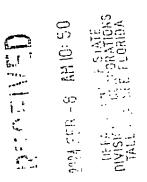
: (307)200-2803

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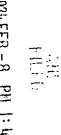
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Ema				



LLC REGISTERED AGENT CHANGE PURPOSE BEAST, LLC

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FEB 0 9 2024

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.

l. Ni	une of the limited liability company:	SI, LLC	
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)
	01/12/2024	L240	00027239
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	DOLLARHIDE, DAVID A, III		
. (.,	Registered Agent and Registered Office shown on the records of		
	Registered Office Address <u>(MUST BE FLORIDA STREET</u>	ADDRESS)	
	1690 FREEDOM DRIVE		
	MIDDLEBURG . FI	32068	2021
(b)	Registered Agents Inc		2024 FEB -8
	Enter name of NEW Registered Agent and/or NEW Registered	I Office address:	- a
	7901 4th St N		P
	NEW Registered Office Address		
	STE 300		<u> </u>
	St. Petersburg FI	33702	
he cha igent v vas/wa	imited liability company is not organized under the lainge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of the organization or the operating agreement of the	f the registered ability compa- of the limited	d office and the business office of the register ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
	chine lener	Robin Jon	
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statules relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been natified in writing of this change.

David Roberts

Assistant Secretary

Signature of Registered Agent