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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

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LLC REGISTERED AGENT CHANGE AREH, LLC

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M. SOLOMON

FEB - 1 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.

2. (a) _	ne of the limited liability company.		
() _		(b))
	Principal office address of limited hability c (Note: MUST BE STREET ADDRE	ompany:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
(01/26/24	ŧ	.24000050085
3.	Date of filing/registration in Flori	da 4.	Document number
D. (B)	ADAMETZ, JESSE	·	
1	Registered Agent and Registered Office shown on the	he records of the Florida	Dept, of State:
	Registered Office Address (MUST BE FLORID	A STREET ADDRESS)	 !
	683 BROOKS FIELD DRIVE		924
	WINTER GARDEN	FL_34787	. JAN 31
(b)	Northwest Registered Agent LLC		
_	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Office add	Iress:
	7901 4th St N		. 10
	NEW Registered Office Address:		
	STE 300		-1
	St. Petersburg	33702 . FL	
the chan agent wi was/wer the artic	nge or changes are made, the Florida street ill be identical. Or, in the case of a Florida re authorized by an affirmative vote of the cles of organization or the operating agreen	address of the regis a limited liability co members of the limi	State of Florida, it is hereby confirmed that after tered office and the business office of the registered mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in liability company.
	<u>7726 gastálás</u>	Nat S	
-	use of a member or authorized representative of a me		Printed or typed name of signee
provisió the oblig to mercl notifica	ons of all statutes relative to the proper and gations of my position as registered agent by reflect a change in the registered office in writing of this change.	ent and agree to act d complete performa as provided for in C address, I hereby co	in this capacity. I further agree to comply with the ince of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed infirm that the limited liability company has been
	Taylor Newman -	Assistant Secretary	