To: 18506176383 Fax: 8134365206 1/17/2025 @3.41:45 PST Page: 1/2



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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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JAN 21 2025

1/17/2025 99:41:45 PST To: 18506176383 Page. 2/2 Fax: 8134365206

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.

	ame of the limited liability company:	21.5	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	02/01/24	L2400	00060200
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	NORTHWEST REGISTERED AGENT LLC		
J. (U)	Registered Agent and Registered Office shown on the records o	f the Florida Dept.	of State:
	Registered Office Address (MUST BE FLORIDA STREET) 7901 4TH ST N STE 300	ADDRESS)	
	ST. PETERSBURG	L_33702	
(b)	Registered Agents Inc		2025 J
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u> 7901 4th St N	d Office address:	APPRO FILE 1825 JAN 17
	NEW Registered Office Address:	<u> </u>	
	STE 300		
	St. Petersburg F	L	
the cha agent v was/we the arti	imited liability company is not organized under the lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the registered lability compan of the limited li e limited liability	office and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in ty company.
<i>ابران ا</i>	itue of a member or authorized representative of a member	Robin Jone	
•	·		Printed or typed name of signee
provisi the obi to merc natifie	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. If in writing of this change. David Roberts Assistant 9	e performance a ed for in Chapta	of my duties, and I am familiar with and accep er 605, F.S. Or, if this document is being filed