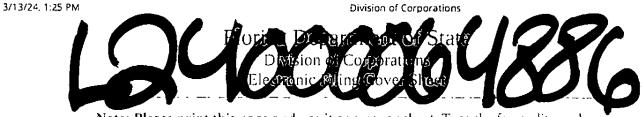
Division of Corporations



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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 Fax Number : (813)436-5206

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T. LEMIEUX

3/13/2024 10,28.36 PDT 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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

L Na	nine of the limited liability company:		
2. (a)		(b)	
	Principal office address of timited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited hability company: (Note: MAY BE POST OFFICE BOX)
	02/04/24	L24000	0064886
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	SHAFER, PHILLIP		
.·. (a)	Registered Agent and Registered Office shown on the records of		
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	
	2965 164TH AVE. N.		24 #
	CLEARWATER FL.		TILED 2024 MAR 13 PH 6: 15 SEC THIS OF STATE
	Northwest Registered Agent LLC		
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	
			: 15
	7901 4th St N		
	NEW Registered Office Address:		£
	STE 300		
	St. Petersburg, FL	33702	
the cha agent v was/we the arti	imited liability company is not organized under the layinge 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 these of organization or the operating agreement of the	vs of the State of the registered of ability company of the limited lia	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
	hark of a member of authorized representative of a member	Nat Smith	
			Printed or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as providedly reflect a change in the registered office address, I din writing of this change.	ce to act in this performance of d for in Chapte hereby confirm	s capacity. I further agree to comply with the f my duties, and I am familiar with and accept r 605, F.S. Or, if this document is being filed that the limited liability company has been
- / V	Taylor Newman - Assistant So	ecretary	
Signatu	re of Registered Agent		