Florida Department of State

(shows below) on the top and bottom of all pages of the document

From:

Account Name : REGISTERED AGENTS INC.

Fax Number : (850)617-6383

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 — rannual report mailings. Enter only one email address please.**

Email Address:

LLC REGISTERED AGENT CHANGE K+H BOWLES LLC

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M. SOLOMON

FEB 2 0 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.

1.	Na	me of the limited liability company: K+H BOWLES	S LLC		· 			
2. (a	1)	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)			
		02/06/2024	-		L24000066881			
3.		Date of filing/registration in Florida	4.		Document number			
5. (3	a l	UNITED STATES CORPORATION AGENTS	INC					
J. (a)	uj	Registered Agent and Registered Office shown on the records of the		Dept. of State	:			
		476 RIVERSIDE AVE.						
		Registered Office Address (MUST BE FLORIDA STREET AL	DRESS	<u> </u>				
		TACKCOAN WALE					2024	
		JACKSONVILLE FL	32202				- 	
<i>t</i> h	,)	Registered Agents Inc					833	
(1)		Enter name of NEW Registered Agent and/or NEW Registered O	ffice ado	dress:			20	i
							PX	ii
		7901 4th St N				· ?	PH 12: 52	
		<u>NEW</u> Registered Office Address:				1	52	
		STE 300						
		St. Petersburg , FI.	33702	·				
the clagent was/s	hai Lw we	mited liability company is not organized under the lawsinge or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he regis ility co the lim	stered office impany, it is ited liability	and the business of hereby confirmed the company or as other	fice of at the	the reg	istered e(s)
<u> 10</u>	(ure of a member or authorized representative of a member		··-,	Robin Jones			
-					Printed or typed name of			
1 her	cb	ly accept the appointment as registered agent and agree	e to act	in this capa	icity. I further agree	to cor	nply w	ith the

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 statutes 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 notified in writing of this change.

Signature of Registered Agent