Division of Corporations



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to:

Division of Corporations

Fax Number : (858)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000881 : (307)200-2803 Phone : (813)436-5206 Fax Number

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## LLC REGISTERED AGENT CHANGE FS MGMT, LLC

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APR 2 4 2024

K. Brumbley

## 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. 8	name of the limited liability company: FS MGMT, 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)
	02/27/24		00097073
3.	Date of filing/registration in Florida	4.	Document number
<i>5</i> /-	、STAINTON, WILLIAM M		
5. (a	Registered Agent and Registered Office shown on the records o		
	201 N. FRANKLIN ST STE 2000		
	Registered Office Address (MUST BE FLORIDA STREET	<del></del> -	
	TAMPA , F	L <sup>33602</sup>	2024
(b)	Northwest Registered Agent LLC		2024 AFR 23
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u> 7901 4th St N	ed Office address:	——————————————————————————————————————
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg	33702 l	
the chagent was/w	limited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the registered liability compator of the limited	d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee
I here provi: the oli to me notifie	why accept the appointment as registered agent and as sions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address. It and in writing of this change.  Taylor Newman - Assistant 5	_	nis capacity. I further agree to comply with the of my duties, and I am familiar with and accept ter 605, F.S. Or, if this document is being filed in that the limited liability company has been

Signature of Registered Agent