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From:

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

Fax: 8134365206

annual report mailings. Enter only one email address please.\*\* Email Address:

## LLC REGISTERED AGENT CHANGE DROP BUSINESS LLC

oter the email address for this business entity to be used for future

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M. SOLOMON MAR 2 9 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:  | S LLC  | <u></u>  |   |  |  |                 |  |
|--------------------|---------------------|---|--|--|---|--|--|-----------------|--|
| 2. (               | (a)                 | 7901 4th St N STE 300   | (b   | (b) 7901 4th St N STE 300  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX) |   |  |  |                 |  |
|                    | ,                   | Principal office address of limited liability company: { Note: MUST BE STREET ADDRESS}  |  |  |   |  |  |                 |  |
|                    |                     | St. Petersburg, FL 33702  | _  | St. Petersburg, FL 33702   |   |  |  |                 |  |
|                    |                     |   |  |  | ······································  |  |  | <u></u>         |  |
|                    |                     | 03/01/2024  |  | L24000107864   |   |  |  |                 |  |
| 3.                 |                     | Date of filing/registration in Florida  | 4.   |  | Document number   |  |  | _               |  |
| 5.                 | (a)                 | VILCHEZ QUINTERO, CARMEN  |  |  |   |  |  |                 |  |
| (b)                | (4)                 | Registered Agent and Registered Office shown on the records of  |  |  |   |  |  |                 |  |
|                    |                     | 1555 BONAVENTURE BLVD   |  |  |   |  |  |                 |  |
|                    |                     | Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  |  |  | -   |  |  |                 |  |
|                    |                     |   |  |  |   |  | 20   |                 |  |
|                    |                     | WESTON . FL   | 33326  |  | -   |  | 2024 HA                                    | · ï i           |  |
|                    | (b)                 | Northwest Registered Agent LLC  |  |  |   |  | ₹ 29                                       | 1               |  |
|                    | ` /                 | Enter name of NEW Registered Agent and/or NEW Registered  | Office ad  | dress:   | -   | •  | T.   |                 |  |
|                    |                     | 7901 4th St N   |  |  |   | , ,  | 3: 20                                      | Ö               |  |
|                    |                     | NEW Registered Office Address:  |  |  | •   | •  | 0  |                 |  |
|                    |                     | STE 300   |  |  | -   |  |  |                 |  |
|                    |                     | St. Petersburg  | 33702  |  |   |  |  |                 |  |
| the<br>age<br>was  | cha<br>nt v<br>/we  | mited liability company is not organized under the lavinge 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 of cles of organization or the operating agreement of the | the regi-<br>ability co<br>of the lim<br>limited l | stered office<br>ompany, it is<br>sited liabilit   | e and the business offices<br>s hereby confirmed that<br>y company or as other                              | ce of the i<br>it the cha                        | register<br>nge(s)                         |                 |  |
| <del></del> /      | gnal                | are of a member or authorized representative of a member  |  |  | Printed or typed name of s  | signee   |  |                 |  |
| pro<br>the<br>to n | visi<br>obl<br>nere | by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I fin writing of this change.                                 | perform<br>d for in C<br>hereby c                  | t in this cap<br>ance of my<br>Chapter 605<br>onfirm that  | acity. I further agree t<br>duties, and I am famili<br>i, F.S. Or, if this docu<br>the limited liability co | to comply<br>ar with a<br>ment is be<br>mpany he | with the wind acce<br>ong file<br>ons been | ne<br>rpt<br>rd |  |
| Sid                | /-                  | Taylor Newman - Assistant S   | ecretary   |  |   |  |  |                 |  |