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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

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

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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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

I. Na	ime of the limited liability company: Snack Lingo Vend	ling LLC		
2. (a)		(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of I	limited liability company: POST OFFICE BOX
	03/06/24		000114054	
3.	Date of filing/registration in Florida	4.	Document num	iber
5. (a)	JACKSON, LAMAR			
	Registered Agent and Registered Office shown on the records of t	t, of State:		
	14307 SW 39TH COURT RD			
	Registered Office Address	<u>ADDRESS)</u>		
	OCALA	34473		
	Northwest Registered Agent LLC			: 1 2021 APR
(p)	Enter name of NEW Registered Agent and/or NEW Registered		S AP	
	cater name of NEW Registered Agent and/or NEW Registered	Office address		R 22
	7901 4th St N			
	NEW Registered Office Address:			
	STE 300			
				19
	St. Petersburg . FL	33702		
the cha agent v was/we the arti	imited 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 light authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	vs of the Stat the registere ability compa of the limited	ed office and the busine any, it is hereby confire liability company or as lity company.	ess office of the registered med that the change(s)
Signa	ure of a member or authorized representative of a member	Hat Sille	Printed or typed r	name of signee
I here, provisi the obl to mere	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I l d in writing of this change.	performance d for in Chap hereby confir	his canacity. I further	agree to comply with the
Siman	Taylor Newman - Assistant Se	surelary		