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

Enter the email address for this business entity to be used for future ⊈mpual report mailings. Enter only one email address please.

mail Address:

LLC REGISTERED AGENT CHANGE IMPACT HAPPINESS, LLC

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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.

i. N	lame of the limited liability company:	ss LLC			
2. (a)	7901 4th St N STE 300	(b) ;	(b) 7901 4th St N STE 300		
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company. (Note: MAY BE POST OFFICE BOX)		
	St. Petersburg FL 33702		St. Petersburg FL 33702		
	04/03/2024	 L2	4000159870		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a	LAW OFFICE OF FRANK LAGO, P.A.				
(u)	Registered Agent and Registered Office shown on the records o				
	3152 LITTLE ROAD, #191				
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)	:		
			70		
(b)	TRINITY, F				
	Recisioned Anents Inc				
	Enter name of NEW Registered Agent and/or NEW Registere	ed Office addre	<u>m</u> : <u> </u>		
	7901 4th St N		· (;),		
	NEW Registered Office Address:		~··		
	STE 300				
	St. Petersburg	33702 L			
he ch agent was/w he art	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited la ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the register liability comp of the limite	red office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in oility company.		
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee		
I here provis the ob-	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address, I d'in writing of this change.	gree to act in e performand ed for in Cho I hereby conf	this capacity. I further garee to comply with the		
	rid Coorts - Assistant S	Secretary			
Signati	are of Registered Agen:				