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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 ដៃ|អ្នក់ម៉ែបal report mailings. Enter only one email address please.**

கள்ப் Address:_

LLC REGISTERED AGENT CHANGE REDBELLI, LLC

Certificate of Status	0
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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.

l. (a)	7901 4th St N	(b)_:	7901 4th St N
	Principal orfice address of limited hability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited hability compatients (Note: MAY BE POST OFFICE BOX
	STE 300		STE 300
	St Petersburg Ft. 33702 US	<u>s</u>	St. Petersburg Ft. 33702 US
	04/29/2024	<u>L2</u>	24000197754
	Date of filing/registration in Florida	4.	Document number
(a)	JONES, CASSANDRE D		
(a)	Registered Agent and Registered Office shown on the record-		
	AAO MALAKUT OOFOT DUM		
	140 WALNUT CREST RUN Registered Office Address (MUST BE FLORIDA STREE	F T ADDIVESS	
	Registered Office Address Entert BE P LORIDA STREET	LI ADDRESS)	26 102
	SANFORD	ET 32771	FILED 2025 FEB 11 AM 8: 09 SIGNED OF STATE ALL AHASSLE FLORIDS
	SANFORD	FL_SETT	
, t	Madhinat Baristand Archill C		
(b)	Northwest Registered Agent ELC Enter name of NEW Registered Agent and/or NEW Registered Office address:		
	Tance mane or just as a second control of the second control of th	120	
	700.41.0.11		5m 6
	7901 4th St N NEW Registered Office Address:		<u></u>
	NEEDER AND MAKES		
	STE 300		
	St. Petersburg	FL 33702	
the li	mited liability company is not organized under the	laws of the St	tate of Florida, it is hereby confirmed that a
e ena ent v	nge or changes are made, the Florida street address till be identical. Or, in the case of a Florida limited	a liability com	med office and are business office of the reg
18/WC	re authorized by an affirmative vote of the membe	rs of the limite	ed liability company or as otherwise provide
	cles of organization or the operating agreement of	the innited liah	bility company.
	VI SWATT	Nat <u>Şm</u>	

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 stantes 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 putified in writing of this change.

Printed or typed name of signee

Taylor Newman - Assistant Secretary
Signature of Registered Agent

Signature of a member or authorized representative of a member