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To:

Division of Corporations

To: 18506176383

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

Email Address:

## LLC REGISTERED AGENT CHANGE **EZ-ARTS 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.

	ame of the limited liability company:				
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b	)	Mailing address of limited liability co	
		<u> </u>			
	05/10/24		L24000220	0157	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	UNITED STATES CORPORATION AGENTS, INC.				
J. (,	Registered Agent and Registered Office shown on the records of	I the Florida	Dept. of Sta	ate:	
	476 RIVERSIDE AVE.				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	2	_	
	JACKSONVILLE	L_32202		<del>_</del>	
	, F	L_seese		202	
(b)	Registered Agents Inc			2024;;	
(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office add	dress:		•
				22	
	7901 4th St N	_		_ 	
	NEW Registered Office Address:			ယ္	
	STE 300		·	_	
	St. Petersburg	33702			
				_	
the cha agent v was/was/wathe art	imited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the regis liability co of the lim e limited l	stered office mpany, it ited liabili	ce and the business office of the is hereby confirmed that the ch ity company or as otherwise pro	e registered ange(s)
/\. Signa	ture of a member of authorized representative of a member	- KGDI	11 201162	Printed or typed name of signee	
I here provisi the ob- to mer- notifie	by accept the appointment as registered agent and agions of all statutes relative to the proper and complet ligations of my position as registered agent as providely reflect a change in the registered office address, and in writing of this change.	gree to act e performe ed for in ( I hereby co	in this cap unce of my hapter 60 onfirm tha	pacity. I further agree to comp	ly with the and accept being filed aas been
1)4	Ild Conts David Roberts - Assistant	Secretary			