

H24(1002278383484C3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

ĩo.

Division of	Corporations
Fax Number	: (850)617-6383

FIGm.

Account Name	:	REGISTERED AGENTS INC.
Account Number	:	120690000881
Phone	:	(307)200-2303
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:\_\_\_\_\_

Centificate of Status   0 0   Centified Copy 0   Page Count 02   Full means 02	<b>2024 JUL</b> Secket		LLC REGISTERED AC PARADISIUS INVES
Certified Copy 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	6 <u>5</u>	0	
	မ္ <u>မ</u> ္း မ	0	and the second
psiurated charge i azaroa i 🚽	in Th. 🖿	\$25.00	Estimated Charge
	$\mathbb{R}$		

Electronic Filing Menu — Corporate Fil

Corporate Filling Menu

Heip

RFCFUL SAN 9: 14.

M. SOLOMON JUL - 3 2024 To: 18506176383

## 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. N	ame of the limited liability company:	tments LLC			
	Principal office address of limited liability company:				
	Principal office address of limited hability company: ( <u>Note: MUST BE STREET ADDRESS</u> )		Mailing address of limited ( <u>Note: MAY BE POST</u>		
	05/23/24	L2400	0239966		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	CARTER, LAUREN				
	Registered Agent and Registered Office shown on the records of	f the Florida Dept.	of State:		
	7215 MEETING HOUSE LANE				
	Registered Office Address (MUST BE FLORIDA STREET	<u>ADDRESS)</u>		2024	
	APOLLO BEACH			<b>4 JUL - 3</b> CRETARY LAHASSE	
(b)	Northwest Registered Agent LLC			SEE.	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office address:		AM IO: O DF STAT	$\Box$
	7901 4th St N			AH ID: 07 OF STATE EF. FLORID/	
	NEW Registered Office Address:				
	STE 300				
	St. Petersburg	33702			
the cha agent w was/we the arti	imited liability company is not organized under the lating ongo or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	f the registered ability company of the limited li	office and the business offi y, it is hereby confirmed the ability company or as other	ice of the registe at the change(s)	red
	<u>MWT SMMM</u> ure of a member or authorized representative of a member	Nat Smith			
Signat	ure of a member or authorized representative of a member		Printed or typed name of	signee	

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 statutes 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 notified in writing of this change. /V

Taylor Newman Assistant Secretary

Signature of Registered Agent

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 **FILING FEE: \$25.00**