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To:

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

From:

Account Name	:	REGISTERED AGENTS INC.
Account Number	;	12009000081
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.\*\*

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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.

Principal office address of limited liability company: ( <i>Note: MUST BE STREET ADDRESS</i> )	(b)	Mailing address of limited liability company: ( <u>Note: MAY BE POST OFFICE BOX</u> )
05/23/2024	L2400	00240019
Date of filing/registration in Florida CARTER, LAUREN	4.	Document number
Registered Agent and Registered Office shown on the record 7215 MEETING HOUSE LANE	ds of the Florida Dept.	of State:
Registered Office Address (MUST BE FLORIDA STRE	<u>SET ADDRESS)</u>	12024
APOLLO BEACH	.FL	
NORTHWEST REGISTERED AGENT LLC	tered Office address:	TALLAHASSEC FLORID
7901 4TH ST N		CORTE 53
<u>NEW</u> Registered Office Address: STE 300		
ST. PETERSBURG	, FL	
imited liability company is not organized under the or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limite re authorized by an affirmative vote of the member cles of organization or the operating agreement of	f the registered offi ed liability compan ers of the limited li	ice and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided

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.

**Taylor Newman** ure of Registered Agent

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