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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone

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 MOORE WORKS LLC

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T. LEMIEUX

JUN 19 2024

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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. Na	ame of the limited liability company:	Moore Works LLC				
2. (a)			(b)			
	Principal office address of limited liab (Note: MUST BE STREET AL	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	· Du					
	05/24/24		L240002	40897		
3.	Date of filing/registration in	Florida	4.	Document number		
5. (a)	MOORE, ANTWAUN D					
, ,,,	Registered Agent and Registered Office shows	on the records of the l	Florida Dept. of	State:		
	4198 MIRA FLORES LANE					2
	Registered Office Address (MUST BE FL		2024 JUH 18			
					<u>;</u>	$\neg \neg$
	TALLAHASSEE	, FL ³²³	303		7
F	Registered Agents Inc			<u> </u>	AH 10: 12	
, (b)	Enter name of NEW Registered Agent and/or	NEW Registered Off	ice address:	OF STAT	Ö	
				구심	~	
	7901 4th St N					ខុក្ខិ
	NEW-Registered Office Address:	-		_		
	STE 300	·				
	St. Petersburg	. FL	02			
ie chai gent w ras/we ie artic	mited liability company is not organize ingo or changes are made, the Florida still be identical. Or, in the case of a Flore authorized by an affirmative vote of cles of organization or the operating ag	treet address of the orida limited liabili the members of th	registered of ity company, i e limited liabi	fice and the business office of it is hereby confirmed that the ility company or as otherwise.	of the re	egistered
Signati	ure of a member or authorized representative of	a member		Printed or typed name of signo		
hereb rovisio ie obli mere otified	y accept the appointment as registered ons of all statutes relative to the proper gations of my position as registered ag ly reflect a change in the registered of in writing of this change.	l agent and agree t r and complete per, ent as provided foi fice address, I here	o act in this c formance of n r in Chapter t by confirm th	**		with the d accept ng filed been
	David Roberts	- Assistant Secret	ary			
ignatur	of Registered Agent					