9/2/24, 10:37 AM Division of Corporations

L24000241501

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number (850)617-6383

From:
Account Name : REGISTERED AGENTS INC.
Account Number : I20000000081
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: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT CHANGE
LIVING MEMORY SOLUTIONS LLC

Certificate of Status	0
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M. SOLOMON

SEP - 3 2024

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. Name of the limited liability company: LIVING MEMORY SOLUTIONS LLC

2. (a) _____
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

(b) _____
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

3. 05/24/24
Date of filing/registration in Florida

4. L24000241501
Document number

5. (a) PECORARO, LESLIE
Registered Agent and Registered Office shown on the records of the Florida Dept. of State

17 VIA VERONA
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

PALM BEACH GARDENS, FL 33418

(b) Registered Agents Inc
Enter name of NEW Registered Agent and or NEW Registered Office address

7901 4th St N
NEW Registered Office Address

STE 300

St. Petersburg, FL 33702

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TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

_____ Robin Jones
Signature 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.

David Roberts - Assistant Secretary
Signature of Registered Agent

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