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To:

Division of Corporations

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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.

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LLC REGISTERED AGENT CHANGE PARKWAY PLAZA LLC

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K. SALY JAN 3 2025 1/2/2025 08.20:25 PST. Tc. 18506176383 Page. 2/2 Fax: 8134365206

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 Standes, the undersigned limited liability company submits the tollowing statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	ame of the limited liability company: Parkway Plaza LL	<u>C</u>
2. (a)	7901 4in St N STE 300	(b) 7901 4th SIN STE 300
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	St. Petersburg FL 33702 US	St. Petersburg FL 33702 US
	05/28/2024	L24000242931
3.	Date of filing/registration in Florida	4. Document number
5. (a)	UNITED STATES CORPORATION AGENTS, INC.	
	Registered Agent and Registered Office shown on the records of the	he Florida Dept, of State:
	476 RIVERSIDE AVE.	-
	Registered Office Address (MUST BE FLORIDA STREET A	DDKESS)
	14.000.00001.15	32202
	JACKSONVILLE . FL.	2 7
ds)	Registered Agents Inc.	
,	Enter name of NEW Registered Agent and/or NEW Registered (Office address:
		<u>်ပွဲ့</u> ပွဲ့
	7901 4th St N	(a).
	NEW Registered Office Address:	
	S1E 300	
	St. Petersburg FL.	33702
the cha agent v	inge or changes are made, the Florida street address of taill be identical. Or, in the case of a Florida limited lial	es of the State of Florida, it is hereby confirmed that after the registered office and the business office of the registered bility company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in limited liability company.
	ture of a member or authorized representative of a member	Robin Jones Printed or typed name of signee
•		•
provisi the obj to mer	by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address. I had in writing of this change.	we to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept I for in Chapter 605, F.S. Or, if this document is being filed wereby confirm that the limited liability company has been
	David Roberts - Assistant Se	cretary
Signatu	wof Registered Agent	