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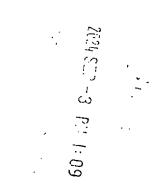
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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: GIOLDEN AGERS Name of Limited Liab	S. LLC oility Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fee	e(s) are submitted for filing.
Please return all correspondence concerning this matter to the fol	lowing:
FLORIDA Legistered Agen	ntLLC
Florida Registered Agent	-1LC
7901 4th St N St 300	-
St. Petersburg FZ 33702_ City/State and Zip Code	-
info @ golden Ager 528. Con E-mait address: (to be used for future annual report notifica	ation)
For further information concerning this matter, please call:	
Florida Registered Agent at (850) Name of Person	807-4500 Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:	

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

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.

	, ,	55	0	•	
1. Na	me of the limited liability company: אוסטסת	AGERS	1,10		
	7901 4th S+N. StE 300 St. Pek		OUDA P	COISTELES) tae
(a) <u>-</u>	Principal office address of limited liability company: 33		-	mited liability company:	-5
	(Note: MUST BE STREET ADDRESS)	70.	(NOIC: MAY BE)	<u>POST OFFICE BOX)</u> A / S+C 21	00
	7901 4th St N. St&300	. 190	01 6	V 316 30	00
	St. Kek PC 33702	17	Kek K	<u>33702</u>	-
	06/27/2024	Las	10002918	01	
3.	Date of filing/registration in Florida	4.	Document numb	cr	
5. (a)	65265 West Shore Circle	TAMPA!	FC 336/6		
	Registered Agent and Registered Office shown on the records of the	: Florida Dept. of St	ate:		
	FLOCIOA Legistered Agent Registered Office Address MUST BE FLORIDA STREET AD	npfcc)		: 20	
	7901 4mstN StG. 300	<i>(1)</i>			
	CL Orlo di sa	22202	<u> </u>	<u>~;</u> 1	
	St. Petrsburg .FL	33 10 6	<u>-</u>	co Ta	
	FLORINA Registered Agent Enter name of NEW Registered O	LLC Mice address:			
	FLORIDA Registered Agent	LLC			
	NEW Registered Office Address:				
	7901 4th STN StE. 300		_		
	St. Petenburg ,FL	33702			
If the li	imited liability company is not organized under the laws	of the State of I	Florida, it is hereby	confirmed that after	r the
change	or changes are made, the Florida street address of the re vill be identical. Or, in the case of a Florida limited liab	gistered office a	ınd the business of	fice of the registered	j
was/we	ere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the line.	the limited liabil	ity company or as	otherwise provided	in
	, -	<u> </u>	Printed or typed na		
	ture of a member or authorized representative of a member		• •	_	_
provision the oblination to mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe igations of my position as registered agent as provided j ely reflect a change in the registered office address, I het d'in writing of this change	e to act in this ca erformance of ni for in Chapter 60 reby confirm tha	pacity. I further a y duties, and I am) 95, F.S. Or, if this at the limited liabili	gree to comply with familiar with and ac- document is being fi ty company has bee.	the cept iled n

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