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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803

Fax Number : (813)436-5206



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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 hinted hability company: (Note: MUST BE STREET ADDRESS) STE 300 St. Peterspurg FL 33702 Date of filing/registration in Florida NC AUTHORITY RA registered Agent and Registered Office shown on the records of		7901 4th Sc N Mailing address of limited hability company: (Note: MAY BE POST OFFICE BOX) S1E 300 St. Petersburg FL 33702 24000292967 Document number
(Note: MUST BE STREET ADDRESS) STE 300 St. Petersburg FL 33702 S/28/24 Date of filing/registration in Florida NC AUTHORITY RA		(Note: MAY BE POST OFFICE BOX) STE 300 St. Petersburg FL 33702 24000292967
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5/28/24 Date of filing/registration in Florida NC AUTHORITY RA	L2	24000292967
Date of filing/registration in Florida		
NC AUTHORITY RA	4.	
egistered Agent and Registered Office shown on the records of		
	the Florida D	Dept of State:
90 NORTH ORANGE AVE		
egistered Office Address (MUST BE FLORIDA STREET	ADDRESS)	268
STE 2300-N		A Comment of the Comm
DRI ANDO	32801	
. r l	·	
egistered Agents Inc		3
		en:
901 4th St N		TALLAND SEE FINALD
EW Registered Office Address:		
TE 300		
it. Petersburg	33702	
ited liability company is not organized under the la- e or changes are made, the Florida street address of the identical. Or, in the case of a Florida limited li- authorized by an affirmative vote of the members of	ws of the St f the registe lability com of the limite limited hal	ered office and the business office of the regist apany, it is hereby confirmed that the change(s ed liability company or as otherwise provided ability company.
Polary proses	Rubin .	
		Printed or typed name of signee
s of all statutes relative to the proper and complete itions of my position as registered agent as provide reflect a change in the registered office address. I	r performan	ice of my duties, and I am familiar with and ac
	registered Office Address RLANDO RLANDO REW Registered Agent and/or NEW Registered agent and age or changes are made, the Florida street address of he identical. Or, in the case of a Florida limited life authorized by an affirmative vote of the members as of organization or the operating agreement of the of a member o	registered Office Address TE 2300-N RLANDO RLANDO RLANDO RICHARD Registered Agent and/or NEW Registered Office address for name of NEW Registered Agent and/or NEW Registered Office address: FE 300 Registered Indicate Indi