L 24 000 336 500

(Re	equestor's Name)	
(Ad	idress)	
V		
(Ad	idress)	
(Cit	ty/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Name)	
	ocument Number)	
(50	zeament (valliber)	
Certified Copies	Certificates of	Status
		
Special Instructions to Filir	ng Officer:	
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Office Use Only



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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

P 1 - - -

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.

2. (a)		(b)		
` '	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	530 E. OLYMPIA AVENUE 112		3657 C	ORTEZ RD. W SUITE 110
			NTON, FL 34210	
	PUNTA GORDA, FL 33950		BRADE	ENTON, FL 34210
3.	Date of filing/registration in Florida	 4.		Document number
5. (a)				
(11)	Registered Agent and Registered Office shown on the records of t	he Florida	Dept, of S	State:
	Registered Office Address (MUST BE FLORIDA STREET)	(DDRESS)		_
	3657 CORTEZ RD. W SUITE 110			
	BRADENTON FL	34210		
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Corporation Service Company	Office add	ress;	FILED 2024 DEC -4 PH 4: 46 SECRETARY OF STATE TALLAHASSEE, FL
	NEW Registered Office Address: 1201 Hays Street			TATE
	Tallahassee FL	32301		
change agent was/we the arti /s/Alar	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the na Brown	registered bility cor f the limi limited li	l office npany, i ted liabi	and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.
_	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. It is in writing of this change.	verforma.	oce of n	iv duties, and Lam familiar with and acce.

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

Grace E. Kirby, Asst Vice President

Signature of Registered Agent