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(((H25000018154 3)))



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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

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LLC REGISTERED AGENT CHANGE SANTONI SHOP LLC

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1/15/2025 11-39:22 PST To: 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 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 10110	·u.			
1. N	ame of the limited liability company: SANTON	I SH	10P LL	<u>.C</u>
2. (a)			b)	
()	Principal office address of limited Hability company: (Note: MUST BE STREET ADDRESS)	_ `		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	7901 4th St N STE 300		7901 4	th St N STE 300
	St. Petersburg, FL 33702	_	St. Pete	rsburg, FL 33702
	08/15/24		L2400	0358589
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	JP GLOBAL BUSINESS SOLUTIONS	INC		
J. (0 ₁	Registered Agent and Registered Office shown on the records of the		la Dept. of Stat	e:
	1395 BRICKELL AVE STE 800			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u>S)</u>	-
	· · · · · · · · · · · · · · · · · · ·			20
	MIAMI FL	3313	1	
	Northwest Registered Agent L	10		2025 JAH 15
(p)	Enter name of NEW Registered Agent and/or NEW Registered		ddaece:	- <u> </u>
	Erner hame of NEW Registered Agent and/or NEW Registered	Juice ac	iuress:	3 3
	7901 4th St N			<u>.</u>
	NEW Registered Office Address:			: 09
	STE 300			· ·
	St. Petersburg, FL	3370	2	_
the chagent was/w the art Signal I here provise the obto mer	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia tere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the law authorized representative of a member reby accept the appointment as registered agent and agreeions of all statutes relative to the proper and complete placetions of my position as registered agent as provided rely reflect a change in the registered office address, I had in writing of this change.	the reginal the lift of the limited Name of the lift o	istered office ompany, it is nited liability con at Smith	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in appany. Printed or typed name of signee active. I further garee to comply with the

Signature of Registered Agent

Taylor Newman - Assistant Secretary