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Elorida Department of State División of Corporations Discropic Siling Cover Sheet

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LLC REGISTERED AGENT CHANGE WILLYUMS INVESTMENTS TORREY PINES LLC

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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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

L. Na	ame of the limited liability co	mpany. WILLY	UMS INVES	TMENTS	TORREY P	INES LLC
2. (a)				(b:		
2,	Principal office address of (<u>Note: MUST BE S</u>	limited liability co	anpany:		,\	failing address of fimited hability company: (Note: MAY BE POST OFFICE BOX)
	7901 4th St N STE 300				7901 4th St	N STE 300
	St. Petersburg FL 33702			_	St Petersbi	arg FL 33702
	08/19/24			i	_2400036300	03
3.	Date of filing/regist	ration in Florid	ล	4,		Document number
5. (a)	WILLIAMS, ARIC					
., (11)	Registered Agent and Registered (:
	500 NW 2ND AVE					
	Registered Office Address (MR	ST BE FLORIDA	I STREET AL	ODRESS)		
	UNIT 11292					
	MIAAII					
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : 7901 4th St N					
	NEW Registered Office Address:					
	STE 300					
	St. Petersburg		, FL_	3702		
the cha agent was/we was/we the arti	nge or changes are made, the cill be identical. Or, in the ciere authorized by an affirmaticles of organization or the or	Florida street (ase of a Florida we vote of the r scrating agreem	iddress of t limited liab nembers of ent of the li	he regist pility con the limi imited li	ered office npany, it is ted liability	rida, it is hereby confirmed that after and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.
Signat	ure of a faciable of authorized repr	esentative of a men	nbei	,		Printed or typed name of signee
provision the oblination mere n <u>ot</u> ifica	ons of all standes relative to igations of my position as resolver the reflect a change in the resolver in writing of this change.	the proper and fixtered agent a fixtered office a	complete p s provided ddress, I he	erforma för in C xehy co.	nce of my d hanter 605.	city. I further agree to comply with the luties, and I am Jamiliar with and accept F.S. Or, if this document is being filed he limited liability company has been
	re of Registered Agent	Roberts - /	Assistant Sec	etary		