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Division of Corporations

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: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE BILAL TAHIR 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	me of the limited liability company:	ahir LLC						
2. (a)		(b)_						
	Principal office address of limited liability of (Note: MUST BE STREET ADDRES	impany:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 7901 4th St N # 22422 St. Petersburg, FL 33702					
	7901 4th St N # 22422	79						
	St. Petersburg, FL 33702	St						
	11/07/24	L24	4000472105					
3 ,	Date of filing/registration in Floric	la 4.	Document number					
5. (a)	ROBERTS, DAVID							
'. (a)	Registered Agent and Registered Office shown on th							
	7901 4TH ST N							
	Registered Office Address (MUST BE FLORID)							
(b)	STE 300 ST							
	St. Petersburg .FL 33702							
	Registered Agents Inc Enter name of NEW Registered Agent and/or NEW	FILED FILED						
	7901 4th St N		PH 2:					
	<u>NEW</u> Registered Office Address:							
	STE 300							
	St. Petersburg	. FL 33702						
he cha igent w vas/we he artic	nge or changes are made, the Florida street a will be identical. Or, in the case of a Florida are authorized by an affirmative vote of the a cles of organization or the operating agreem	address of the register limited liability comp nembers of the limited tent of the limited liab	• • •					
Signal	ed to so the section of authorized representative of a mer	nber	Printed or typed name of signee					
l herel provisio he obli o mere	ov accept the appointment as registered age ons of all statutes relative to the proper and gations of my position as registered agent of by reflect a change in the registered office of in writing of this change.	nt and agree to act in	this capacity. I further agree to comply with these of my duties, and I am familiar with and accounter 605, F.S. Or, if this document is being file firm that the limited liability company has been					
	e of Registered Agent							