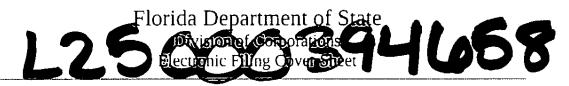
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Division of Corporations



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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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Aug 29, 2025 11:49 To: =18506176383 Page: 2/2 Fax: 18134365206

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.

L. Na	ame of the limited liability company:	R. LLC						
2. (a)		(t)					
	Principal office address of limited liability 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 4th S	SIN STE 300				
	St. Petersburg FL 33702		St. Petersburg FL 33702					
	08/26/25		L25000394658					
3.	Date of filing/registration in Florida	4.		Document number				
5. (a)	UNITED STATES CORPORATION AGENTS, INC.							
J. (a)		Registered Agent and Registered Office shown on the records of the Florida Dept. of State:						
	476 RIVERSIDE AVE.							
	Registered Office Address (MUST BE FLORIDA STREET.	_						
	JACKSONVILLE . FL	32202		2025				
	Registered Agents Inc	APRE AH FIU 025 AUG 29						
(b)	Enter name of NEW Registered Agent and/or NEW Registered	- 29 点流						
	Enter name of NEW Registered Agent and/or NEW Registered	PH						
	7901 4th St N							
	NEW Registered Office Address:	NEW Registered Office Address:						
	STE 300	_						
	St. Petersburg	33702						
the cha agent v was/we	imited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the regi ability co of the lin limited	stered offic ompany, it i nited liabili	e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in				
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee				
provisi the obl to mer notified	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	perform d for in (hereby c	ance of my	duttes, and f am familiar with and accept				
atia Ota	David Roberts - Assistant Sure of Registered Agent	ecretary						