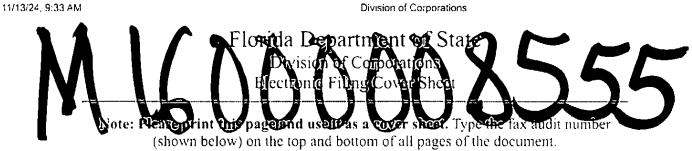
Division of Corporations



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| To: | | |
| | Division of Corporations | |
| | Fax Number : (850)617-6383 | <u>;;</u> 3 |
| | | |
| From: | | |
| | Account Name : C T CORPORATION SYSTEM | · · |
| | Account Number : FCA00000023 | -,- , , |
| | Phone : (614)280-3338 | |
| | Fax Number : (614)573-3996 | (T) |

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

မည်ကို Email Address:_

LLC REGISTERED AGENT CHANGE GOURAS & ASSOCIATES, LLC

| | · |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 02 |
| Estimated Charge | \$55.00 |

M. SOLOMON

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Help

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 underigned 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. | Na | ume of the limited liability company: | es, LLO | | | | | |
|---|------------------|--|--|---|--|---------|-------------------------------------|--|
| 2. (a) | | 605 Crescent Drive Suite 102B Ridgeland MS 30157 | | (b) PO Box 01465, Ridgeland, MS 39158 | | | | |
| 2. (| •, | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | - (| Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX) | | | | |
| 3. | | October 24, 2016 Date of filing/registration in Florida | 4. | M1600000 | Document number | | | |
| 5. (| a) | Mauree Gouras | | | · - | | | |
| | , . | Registered Agent and Registered Office shown on the records of the Florida Dept, of State Mauree Gouras | | | ate: | 2021 | | |
| | | Registered Office Address (MUST-RE FLORIDA STREET-AL 8700 Front Beach Drive | | AON 1202 | 1 mm 1 m | | | |
| | | Panama City BeachFL_3 | 2407 | | | ဃ | 2 | |
| (t | ,) | C T Corporation System | | | | P# 4: | | |
| · | | Enter name of EW Registered Agent and/or EW Registered (| 14. 22iN | ldress: | | 91 | | |
| | | NEW Registered Office Address: | · .· | | | | | |
| | | 1200 South Pine Island Road | | | | | | |
| | | Plantation FL3 | 3324 | | - | | | |
| the clagent was/v | ha : u | mited liability company is not organized under the laws nge or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization of the deerating agreemant of the li | he reg fility o the lic mited | stered offic ompany it nited liabili liability co | ce and the business office of is hereby confirmed that the ity company or as otherwise impany. | the reg | istered (s) | |
| | Ĺ | Luigh 2-8 7 | Chi | istiana S. Su | | | | |
| l hei provi the o to me notifi By: | sie bli re | the of a member or authorized representative of a member by accept the appointment as registered agent and agree of of all statutes relative to the proper and complete parties of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change. | e to ac erforn for in reby c | t in this cap pance of my hapter 60 confirm that | Printed or typed name of signee pacity. I further agree to con tuties, and I am familiar w. 15, F.S. Or, If this document the limited liability compar | เมาไนพ | ith the accept g filed een | |