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From:

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Account Number : 110432003053 Phone : (561)694-8107

: (561)214-8442 Fax Number

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OCT 14 2022

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.

. (a)		(b)			
- ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	12207 TILLINGHAST CIRCLE		12207 TILLINGHAST (
	PALM BEACH GARDENS, FL 33418		PALM BEACH GARDE	ACH GARDENS, FL 33418	
	03/14/2018	1	м18000002523		
	Date of filing/registration in Florida	- _{4.} -	Document n	umber	
()	RONERT, MARC A				
. (a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State:		
	Registered Office Address (MUST BE FLORIDA STREET	<u>ADDRESS)</u>			
	12207 TILLINGHAST CIRCLE				
	PALM BEACH GARDENS , FI	L_33418		\$1.2 1827	
(b)	Corporate Creations Network Inc.			2022 C	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office add	lress:	CT 13	
	NEW Registered Office Address:			ALED 13 PH II PARTER	
	801 US Highway I			<u> </u>	
				(E) 31	
	North Palm Beach	L_33408			
:hange igent v was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liter authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registere lability cor of the limi	d office and the busines npany, it is hereby con ted liability company o	ss office of the registered if irmed that the change(s)	
/s/ Joseph Panholzer Joseph Panholz				-Fact	
•	nture of a member or authorized representative of a member			oed name of signee	
l here provis	by accept the appointment as registered agent and ag ions 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	ree to act e performa ed for in C	in this capacity. I furth nce of my duties, and I hapter 605, F.S. Or, if	ner agree to comply with the am familiar with and accep this document is being filed	