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T. LEMIEUX APR 2 6 2023

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.

1. 1	Name of the limited liability company: Bey	and construction fur	nction LLC
2. (a	i)	(b)	
2. (0	Principal office address of limited liability (<u>Note: MUST BE STREET ADDRI</u>	company:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	02/18/2020 Date of filing/registration in Flor		200000 <u>2291</u> Document number
5. (ä	a) LEGALING CORPORATE SERVIC Registered Agent and Registered Office shown on the <u>476 RIVERSIDE AVE</u> . Registered Office Address (MUST BE FLORID	the records of the Florida Dep	
(h	JACKSONVILLE Registered Agents Inc	. FL <u>32202</u>	· · ·
(b	Enter name of NEW Registered Agent and/or NE	W Registered Office addres	
	7901 4th St N NEW Registered Office Address:		ر ر نون
	STE 300		~~~~ \\ \tau_{\text{\tint{\text{\tin}\text{\tex{\tex
	St. Petersburg	. Fl. 33702	
the cl agent was/v the ar	hange or changes are made, the Florida stree r will be identical. Or, in the case of a Florid were authorized by an affirmative vote of the rticles of organization or the operating agree	t address of the registere a limited liability comp members of the limited ment of the limited liabi	te of Florida, it is hereby confirmed that after ed office and the business office of the registered any, it is hereby confirmed that the change(s) Hability company or as otherwise provided in lity company.
12	rature of a member or authorized representative of a m	Robin	Jones
Sign	nature of a membér or authorized representative of a m	embei	Printed or typed name of signee
provi, the ol to me notifi	isions of all statutes relative to the proper an bligations of my position as registered agent erely reflect a change in the registered office led in writing of this change.	d complete performance as provided for in Chaj address, I hereby confi	his capacity. I further agree to comply with the e of my duties, and I am familiar with and accept over 605, F.S. Or, if this document is being filed on that the limited liability company has been
1/2/1	🕪 🗡 🕒 David Roberts - Assistar	nt Secretary	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 **FILING FEE: \$25.00**

Signature of Registered Agent