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Division of Corporations

Fax Number : (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 KZ COPANS, LLC

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Help DEC 11 2023 T. LEMIEUX 12/8/2023 09:30:37 PST- To: 18506176383 Page: 2/2 From: Registered Agents Inc Fax: 9134365206

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. Na	une of the limited liability company: KZ Copans, LLC		
2 (a)		(b)	
<i>z.</i> (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	06/08/20	M20	000005109
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	GY CORPORATE SERVICES, INC.		
J. (a)	Registered Agent and Registered Office shown on the records of t	he Florida Dep	t. of State:
	777 S FLAGLER DRIVE		
	Registered Office Address	(DDRESS)	<u> </u>
	SUITE 500E		
	WEST PALM BEACH FL	33401	- <u>-</u> -
(b)	Registered Agents Inc		(
	Enter name of NEW Registered Agent and/or NEW Registered	Office address	
	7901 4th St N		္ - ပ ္ - 5 - ပ
	NEW Registered Office Address:		-
	STE 300		
	St. Petersburg . FL	33702	
	, r.		
the cha agent v was/we the arti	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registere ability compa of the limited	ed office and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company.
Signa	ture of a member or anthorized representative of a member		Printed or typed name of signee
provisi the obl to mere notified	by accept the appointment as registered agent and agri ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I le d in writing of this change.	performance I for in Chap iereby confir	his capacity. I further agree to comply with the e of my duties, and I am familiar with and accep- ster 605, F.S. Or, if this document is being filed m that the limited liability company has been
پارل _ے	vid Coests David Roberts - Assistant Se	ecretary	