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Division of Corporations

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursua submit Florida	nt to the provisions of sections 605.6 s the following statement in order t s.	0114 or 605.0116, I to change its regis THIRD LAKE \	terea office e	or registeren agent, or	ited liability com both, in the Sta	pany te of
1. Nar	ne of the Limited Liability Company:					
2. (a)	1600 EAST 8TH AVENUE SU	JITE A132-D	(b) 160	0 EAST 8TH AVEN		
	Principal office address of limited lie (Note: MUST BE STREET A	ability company:		Meiling address of limit (Note: MAY BE PO.		<u>.</u>
	TAMPA, FL 33605		TAM	MPA, FL 33605		
	1/6/2021		<u>M21</u>	000000170		
3.	Date of filing/registration in	r Florida	4.	Document number	r	
5. (a)	FORSYTHE, ROBERT S Registered Agent and Registered Office show	wn on the records of the	Florida Dept. o	of State.		
	1600 EAST 8TH AVENUE S					
		I.ORIDA STREET AL	DRESS)	·		
	TAMPA	,FL_	33605	_ _	2023 FEB 24	2000 PE
(b)	Capitol Corporate Services, I Enter name of NEW Registered Agent and	IIC.	ffice address:		(V)	ŧ
	Lifter Haine or property and a second				SEE.	្រ ប៉ូ ព្
	515 East Park Avenue 2nd F	<u> 1</u>		<u></u>	6	
	NEW Registered Office Address:				<u> </u>	
	Tallahassee	, FL_	32301			
the cha	imited liability company is not organinge or changes are made, the Florida will be identical. Or, in the case of a ere authorized by an affirmative vote icles of organization or the operating	Florida limited liab of the members of	ility compan the limited li	y, it is hereby confirmed ability company or as of	d that the change(s)
the age	+ + 1.1 -		<u> isop</u>	Printed or typed name	tre	
provis the ob to mer notifie	with of a member or authorized representative by viccept the appointment as registe ions of all statutes relative to the pro- ligations of my position as registered elv reflect a change in the registered d'in writing of this change.	red agent and agre per and complete p l agent as provided l office address, I he	for in Chapte ereby confirm	s capacity. I further ag of my duties, and I am fo er 605, F.S. Or, if this a i that the limited habilit	ree to comply with amiliar with and a document is being ty company has be	h the ccept filed en
3,	inc of Registered Agent			sistant Secretary or corporate Services,		
Signati					17101	
	Division of Corp	porations• P.O. B FILING FE	E: \$25.00	llahassee, FL 32314		

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