121000017033 (Requestor's Name) (Address) 200390252242 (Address) (City/State/Zip/Phone #) 2022 JUL 11 PM 1: 15 PICK-UP WAIT MAIL ا ا (Business Entity Name) (1) (Document Number) י -- י רד ז Certified Copies _____ Certificates of Status ___ TALLAHASSEE, FLORIDA 2022 JUL 11 PH 3: 19 RECEIVEN Special Instructions to Filing Officer. Office Use Only A. BUTLER

JUN 12 2022

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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. N	ame of the limited liability company:	p LLC	_					
2. (a))		(b)					
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(-,		Mailing address o (Note: MAY B	f limited liab	ility con	ipany:
	19C TROLLEY SQUARE			19C TRO	ILLEY SQUARE	È		
	WILMINGTON, DE 19806		-	WILMINGTON, DE 19806				
	10/29/2021		λ	12100001	7033			
3.	Date of filing/registration in Florida	- 4.	_		Document nui	mber		
5. (a)							
. (1	 Registered Agent and Registered Office shown on the records of 	f the Flo	rida I	Dept of Sta	ite:			
	NORTHWEST REGISTERED AGENT LLC							
	Registered Office Address <u>(MUST BE FLORIDA STREET</u> 7901 4TH ST N STE 300	<u>ET ADDRESS)</u>			_	SCO2	2022 JUL 11	-
	ST.PETERSBURG		2				JL I	
(b)						NSSEE.	PH I: I	
	Incorporating Services, Ltd.					FI IS		
	NEW Registered Office Address:				_			
	1540 Glenway Drive				_			
	Tallahassee F	1. <u>3230</u>	ł		_			
chang agent was/v	limited liability company is not organized under the lage or changes are made, the Florida street address of th will be identical. Or, in the case of a Florida limited ly vere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	e regist iability of the	tered com limit	office ar ipany, it i ed liabili	id the business is hereby confir ty company or a	office of the med that the	ne regis he char	stered ige(s)
				• -	Oliver Coughlan			
Signature of a member appropriated representative of a member					Printed or typed name of signee			
provis the of to me	eby accept the appointment as registered agent and ac sions of all statutes relative to the proper and complete bligations of my position as registered agent as provid rely reflect a change in the registered office address, l ed in writing of this change.	gree to 6 c perfoi ed for i hereby	act in rman n Ch c con	n this cap ice of my apter 60, firm that	oacity. I further duties, and I ar 5, F.S. Or, if th the limited liab	agree to c m familiar his docume hility comp	romply with ar nt is be any ha.	with the 1d accept ing filed 5 been

stel 1 april

Signature of Registered Agent

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