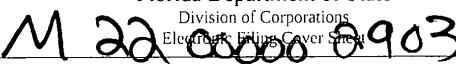
Florida Department of State



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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LLC REGISTERED AGENT CHANGE PKS HOLDING COMPANY, LLC

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Help

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. No	nme of the limited liability company: PKS Hol	lding	Comp	any, LLC
2. (a)		(t	o)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	02/23/22			00002903
3.	Date of filing/registration in Florida	— 4.	141220	Document number
	CORPORATE CREATIONS NETWO		C	
5. (a)	Registered Agent and Registered Office shown on the records of			
	801 US HWY 1	,, ,		_
	Registered Office Address (MUST BE FLORIDA STREET	`ADDRES.	<u></u>	ZOZZ DEC SECHE AN
	NORTH PALM BCH	1. <u>3340</u>	8	7-2 MIII: 55
(b)	Registered Agents Inc			SIA II: D
(11)	Enter name of NEW Registered Agent and/or NEW Registere	d Office ac	ldress:	7F
	7901 4th St N			
	NEW Registered Office Address:	<u> </u>		_
	STE 300			_
	St. Petersburg	L_3370	2	_
the cha agent was/wa	imited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the regi liability c of the lin	istered offic ompany, it nited liabili	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
	Rilux Park		ley Park	
Signa	sture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obt to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and completing the statutes relative to the proper and completing the state of the proper and completing the state of	e perform led for in I hereby c	iance of my Chapter 60 confirm tha	pacity. I further agree to comply with the duties, and I am familiar with and accep. 5, F.S. Or, if this document is being filed the limited liability company has been

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

Signature of Registered Agent