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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of t				
2. The principal office address: Sarasota, FL 34236				
	ddress (if different):	24		
4. Date of incorp	poration/qualification: Document number:			
	street address of the current registered agent and registered office on file with th the timent of State: (If resigned, enter resigned)	ie		
	Cogency Global			
	115 North Calhoun St. Suite 4	ада на ст. 3 ст.		
	Tallahassee. FL 32301	- ۲۰ - ۲ - المهامر		
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered	5 Al		
	C T Corporation System	ë Ĉ		
	1200 South Pine Island Road	ω		
P.O. Box NOT acceptable				
	Plantation, Florida 33324			

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Elizabethe Holcombe	Elizabeth Holcome
Carcarow marging of an officer or director	Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address. I hereby confirm that the corporation has been notified in writing of this change.

Date

C T Corporation System Muusa Burger 03/14/2024

If signing on behalf of an entity:

Theresa Buck, Assistant Secretary

Typed or Printed Name

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

By: