Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

Phone Fax Number

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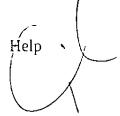
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## REGISTERED AGENT CHANGE RTB ASSOCIATION FLORIDA, INC.

Certificate of Status	0
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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.	Na	me of the limited liability company:	orida, Inc	c. ——————		
2. (a	a)		(l	o)		
		Principal office address of limited Hability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
		10/10/22		P220000777	61	
3.		Date of filing/registration in Florida	4.	· · · · · · · · · · · · · · · · · · ·	Document number	
5. (	a)	UNIVERSAL REGISTERED AGENTS. INC				
,	,	Registered Agent and Registered Office shown on the records of the	n Dept. of State			
		1317 CALIFORNIA STREET	2024 HAR 20 AM Selandian Of Tallahassei			
(b)		Registered Office Address (MUST BE FLORIDA STREET A				
		TALLAHASSEE, FL_		AMIO: 51		
	<b>5</b> )	Registered Agents Inc	: 55 FL			
	Enter name of NEW Registered Agent and/or NEW Registered (					
	7901 4th St N					
		NEW Registered Office Address:				
	STE 300					
		St. Petersburg , FL	33702			
the c agen was/	ha it w we	mited liability company is not organized under the lawings or changes are made, the Florida street address of trill be identical. Or, in the case of a Florida limited liability reauthorized by an affirmative vote of the members of cles of organization or the operating agreement of the I	the regit bility co the limited	stered office ompany, it is nited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
Sig	nat	ure of a member of authorized representative of a member			Printed or typed name of signee	
prov the a to m	isio bli ere ica	by accept the appointment as registered agent and agreous of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address. I have in writing of this change.	e to ac perform for in ( ereby c	t in this capa ance of my a Chapter 605, onfirm that t	city. I further agree to comply with the luties, and I am familiar with and accep F.S. Or, if this document is being filed he limited liability company has been	
		Oald Cozerts David Roberts - Assistant Sec	cretary			
Sign	atur	e of Registered Agent				