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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

Fax Number

: (813)436-5206

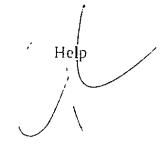
\*\*Enter the email address for this business entity to be used for futured annual report mailings. Enter only one email address please.\*\*

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## REGISTERED AGENT CHANGE BLESSED ON THE BAYOU LLC

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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

L N	ame of the limited liability company:	<u>——</u> ———	
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: (b)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
3.	12/18/23  Date of filing/registration in Florida		P23000086411 Document number
5. (a	Registered Agent and Registered Office shown on the record 1304 TYNDALL DR  Registered Office Address	Dept. of State:	
(b)		FL_ <sup>32401</sup>	2024 JUL
	Northwest Registered Agent LLC  Enter name of NEW Registered Agent and/or NEW Registered Agent and	stered Office addr	
	NEW Registered Office Address: STE 300		
	St. Petersburg	_, FL	
the cha agent was/w	limited liability company is not organized under thange or changes are made, the Florida street addrewill be identical. Or, in the case of a Florida limit ere authorized by an affirmative vote of the membicles of organization or the operating agreement of the formula of the f	ss of the registe ed liability com- pers of the limite	tered office and the business office of the registered inpany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in ability company.
Signi	iture of a member or authorized representative of a member		Printed or typed name of signee
provis the ob to mer	ions of all statutes relative to the proper and comi	pleie performan	in this capacity. I further agree to comply with the nce of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed njirm that the limited liability company has been
-/-	Taylor Newman - Assista	ant Secretary	