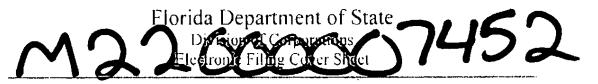
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Division of Corporations



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Page: 2 of 3

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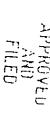
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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.

		me of the limited liability company:		
2. (a) ₋	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) _	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		05/12/2022		22000007452
3.		Date of filing/registration in Florida SZAFRANSKI, MICHAEL	4.	Document number
5. (a)	(11 <i>)</i>	Registered Agent and Registered Office shown on the records of 9517 BYRON AVENUE Registered Office Address (MUST BE FLORIDA STREE)		ept. of State:
		SURI'SIDE , F	FL 33154	2022 HAY
		C T Corporation System Entername of NEW Registered Agent and/or NEW Register	ed Office addre	26 PM
		NEW Registered Office Address: 1200 South Pine Island Road		
		Plantation, [FL_33324	
the o ager	cha nt w /we	mited liability company is not organized under the lange or changes are made, the Florida street address ill be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the memberseles of organization or the operating agreement of the	aws of the St of the registe liability com s of the limite	red office and the business office of the registered pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in
			Jennife 	r McLean, Authorized Person
1 1.		ute of reflember or authorized representative of a member by accept the appointment as registered agent and a const of all statutes relative to the proper and comple editions of my position as registered agent as provided reflect a change in the registered office address.	gree to act in le performan ded for in Ch	Printed or typed name of signee this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed