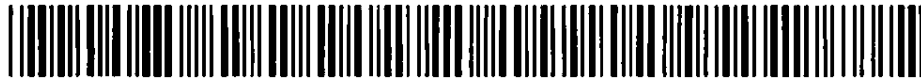


Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**L14000071438**

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Email Address: tgood@trenam.com

**LLC REGISTERED AGENT CHANGE  
THE SAVVYCARD FLORIDA FUND, LLC**

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JUN 15 2023

Brumbie

**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. Name of the limited liability company: The Savvycard Florida Fund, LLC

2. (a) Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
1311 N. Westshore Boulevard, Suite 101  
Tampa, FL 33607

(b) Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
1311 N. Westshore Boulevard, Suite 101  
Tampa, FL 33607

05/01/2014

L14000071438

3. Date of filing/registration in Florida 4. Document number

5. (a) Trenam Law  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

101 E. Kennedy Boulevard

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Suite #2700

Tampa, FL 33602

(b) TK Registered Agent, Inc.

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

101 E. Kennedy Boulevard

**NEW** Registered Office Address:

Suite 2700

Tampa, FL 33602

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Thomas Wallace

Thomas Wallace

Signature of a member or authorized representative of a member

Printed or typed name of signee

*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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Signature of Registered Agent

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