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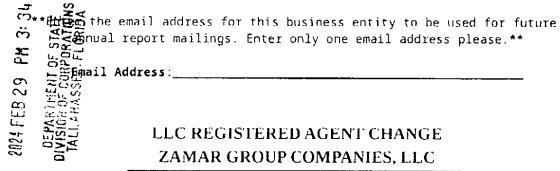
Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206



LLC REGISTERED AGENT CHANGE ZAMAR GROUP COMPANIES, LLC

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M. SOLOMON

MAR 1 2024

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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:	Companies LLC	
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of timited liability company: (Note: MAY BE POST OFFICE BOX)
	10/07/2014	L1400	00157070
3.	Date of filing/registration in Florida SINGER, BERNARD A, ESQ.	<u> </u>	Document number
5. (a)	Registered Agent and Registered Office shown on the records	of the Florida Dept.	of State:
		· ·	~7
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	
	16389 CABERNET DRIVE		(<u></u>
	DELRAY BEACH	FL_33446	
(ls)	Registered Agents Inc		: [1]
(h)	Enter name of NEW Registered Agent and/or NEW Register	red Office address:	9. U
	7901 4th St N		
	NEW Registered Office Address:		
	STE 300	· ·	
	St. Petersburg	1°L	
the cha agent v was/we	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member icles of organization or the operating agreement of the	of the registered Hiability compar is of the limited I	l office and the business office of the registered by, it is hereby confirmed that the change(s) liability company or as otherwise provided in
<u>13. j.</u>	ture of a member of authorized of presentative of a member	Robin Jone	
			Printed or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and a lons of all statutes relative to the proper and comple ligations of my position as registered agent as provi- ely reflect a change in the registered office address, d in writing of this change.	ite vertormance e	of my duties, and I am familiar with and accept-
Dodá	David Roberts - Assistant	Secretary	

Signature of Registered Agent