Pickopic Sting Cover Steel

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190001613403)))



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To:					
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	Fax Number	: (850)617-638	3		
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		: REGISTERED AG	GENTS INC.		
		: I20090000081 : (307)200-280.	3		
	Fax Number	: (855)330-1016	9	7.5	<u></u>
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MAY 20 2019

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

. Na	me of the limited liability company: Hivemin	d Inve	estors LLC	
	Principal office address of limited liability company:)	
	(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)	
	4700 11TH AVE NORTH		4700 11TH AVE NORTH	
	SAINT PETERSBURG, FL 33713		SAINT PETERSBURG, FL 33713	
	01/07/19	į	L19000007769	
	Date of filing/registration in Florida	4.	Document number	
. (a)	HEYWARD, ANTONE			
. (a)	Registered Agent and Registered Office shown on the records of	of the Florida	Dept of State:	
	4700 11TH AVE NORTH			
	Registered Office Address	TADDRESS)		
	SAINT PETERSBURG	_{-L} 33713	3 5 5	
(b)	Northwest Registered Agent	LLC	dress T	
(/	Enter name of NEW Registered Agent and/or NEW Register	ed Office ado	dress	
	7901 4th St N		⊋ ∪	
	NEW Registered Office Address.		9.03	
	STE 300		 	
	St. Petersburg	_{L_} 33702	<u>}</u>	
ie cha gent v as/we	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	laws of the of the regis liability cos of the limited I	State of Florida, it is hereby confirmed that after stered office and the business office of the registe ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in	
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee	
here rovisi he obl o mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provide the reflect a change in the registered office address.	gree to act te performa ded for in C I hereby co	in this capacity. I further agree to comply with t ance of my duties, and I am familiar with and acc Thapter 605, F.S. Or, if this document is being fil onfirm that the limited liability company has been	

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

Glover - Assistant Secretary

Signature of Registered Agent