4/15/25, 2:09 PM

Division of Corporations

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To:

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

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LLC REGISTERED AGENT CHANGE

ADMINISTRATION, SERVICES AND TECHNOLOGY G&C LLC

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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.

1. N	ame of the limited liability company: ADMINISTRATIC	N, SERVICES AND	TECHNOLOGY G&C LLC				
2. (a)	7901 4th St N	(b) 7901 4th St N					
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
	STE 300	STE 300	St. Petersburg FL 33702				
	St. Petersburg FL 33702	St. Peter					
	03/05/20	L2000007	4060				
3.	Date of filing/registration in Florida	4.	Document number				
5. (a)	PRODEZK INC						
J. (u,	Registered Agent and Registered Office shown on the records of	state:					
	5040 NW 7TH ST						
	Registered Office Address (MUST BE FLORIDA STREET						
	SUITE 705						
	MIAMI . FI	_33126	-				
(b)	Registered Agents Inc	F 2025 APR SECURITE S					
(17)	Enter name of NEW Registered Agent and/or NEW Registered						
	7901 4th St N		15 A				
	NEW Registered Office Address:						
	STE 300		_ 第5 53				
	St. Petersburg	33702					
the cha agent was/w	limited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the registered off lability company, i of the limited liabi	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in				
Signa	ature of a member or authorized representative of a member		Printed or typed name of signee				
I here provis the ob- to mer notifie	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I din writing of this change. David Roberts - Assistant S		apacity. I further agree to comply with the ty duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been				
Signate	are of Registered Agent	2					