From: David Thomas

5/23/24, 9:07 AM

## Division of Corporations



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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please, \*\*

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## LLC REGISTERED AGENT CHANGE SAFE SPACE SCAN TECHNOLOGY LLC

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MAY 23 2024 T. LEMIEUX

## 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.

	ame of the limited liability company: Safe Space Scan		
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	(MAC STATING ANTHAM)	016	9 W Atlantic Ave
		<del></del>	y w Ananoc Ave
	Defray Reach, FL 33446	Beach, FL 33446 Delray Bo	
	April 20, 2020	L200	00107401
	Date of filing/registration in Florida	4.	Document number
(a)	Zhenhai Zhao		
(b)	Registered Agent and Registered Office shown on the records of	f the Florida Dept.	of State:
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)	<u> </u>
	9169 W Atlantic Ave. Suite 118		
	Delray Beach, FL 33446 , FE	L. <u>33446</u>	
	C T Corporation System		
	Enter name of NEW Registered Agent and/or NEW Registered Office address:		1 (2)
	NEW Registered Office Address:		
	1200 South Pine Island Road		1 1 N
	Plantation F1	33324	
e ch ent is/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the registered lability compar of the limited l	d office and the business office of the registered by, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.
Sign	ature of a member of authorized representative of a member		Printed or typed name of signee
ovis e oh mei	by accept the appointment as registered agent and age ions 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 d in writing of this change.  CT Corporation System  Our of Registered Agent  Contact Agent Candolph	e performance ed for in Chapi hereby confiri	of my duties, and I am familiar with and acception 605, F.S. Or, if this document is being filed in that the limited liability company has been
<b>'</b> ;		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A COICIANT NACTALARY