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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 : (855)330-1010

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LLC REGISTERED AGENT CHANGE NODE RUNNERS LLC

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JUL 29 2027

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.

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)
	12/18/2020		0000391475
3.	Date of filing/registration in Florida	4.	Document number
	SEKINGER, JEFFREY		
5. (a) (b)	Registered Agent and Registered Office shown on the records	s of the Florida Do	ept. of State:
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS)	
	Miami	EL 33131	202 F AL
	Northwest Registered Agent LLC		
	Enter name of NEW Registered Agent and/or NEW Register	ered Office addre	· Medical Medi
	7901 4th St NSTE 300		
	NEW Registered Office Address:	-	AH IO: 09
	St. Petersburg	. FL_33702	
change agent was/w	limited liability company is not organized under the e or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the membe Yzles of organization or the operating agreement of	the registered of liability compound in the limite the limited liab	office and the business office of the registered pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in
Signa	ature of a member authorized representative of a member		Printed or typed name of signee
I here provis the ob to mer	by accept the appointment as registered agent and ions of all statutes relative to the proper and compl ligations of my position as registered agent as provely reflect a change in the registered office address d in writing of this change.	ala nariarman	ce ai my annes, ana i am tamuuta wuu uuu uu uccen

Signature of Registered Agent