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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

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iter the email address for this business entity to be used for future scannual report mailings. Enter only one email address please.**

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LLC REGISTERED AGENT CHANGE ANAFIG, LLC

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He PEMIEUX APR 25 2023

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.	Na	one of the limited liability company: ANAFIG, LL	С	
2.	(a)		(h)	
_	(-7	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited fiability company: (Note: MAY BE POST OFFICE BOX)
				
		04/29/2021	L2100	00200738
3.		Date of filing/registration in Florida	4.	Document number
5.	(a)	Sunshine Corporate Filings LLC Registered Agent and Registered Office shown on the records of the Florida Dept. of Sta 7901 4th St N Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
				2023
		St. Petersburg , FI	33702	2023 A . 7. 24
	(b)	Registered Agents Inc		
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office address:	ي پ
		7901 4th St N		05
		NEW Registered Office Address:		
		STE 300		
		St. Petersburg , FI	33702	
the age wa the	echa ent v s/wo earti	imited liability company is not organized under the la inge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	f the registered (lability company of the limited lic	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
$\frac{\int_{S}^{r}}{s}$	ノ <u>・ルー</u> iienai	arc of a member or authorized representative of a member	<u>Robin Jo</u>	DES Printed or typed name of signee
1 h pro the to	nerel ovisi obl mere	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I fin writing of this change. David Roberts - Assistant Secreta	e performance of ed for in Chapte hereby confirm	canacity. I further garee to comply with the

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

Signature of Registered Agent